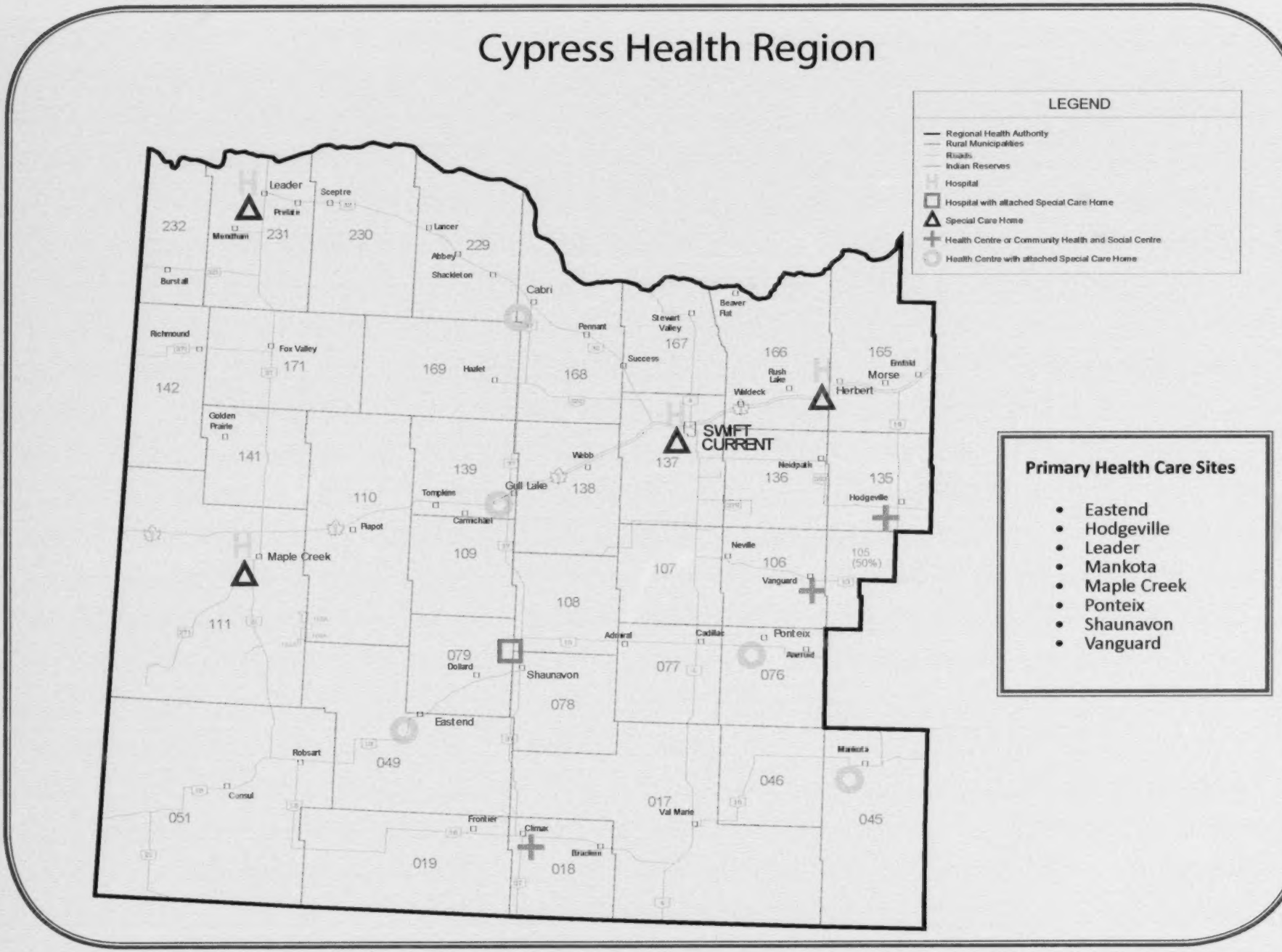
2015

2016 Annual Report

Cypress Health Region



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The Cypress Health Region's
Annual Report to the Minister of Health
For the year ending March 31, 2016
can also be accessed on the region's website:
www.cypresshealth.ca

Cypress Health Region
Swift Current, Saskatchewan

ACCREDITED
October
2013 - 2017

AGRÉÉ
Octobre
2013 - 2017

LETTER OF TRANSMITTAL

TO: The Honourable Dustin Duncan
Minister of Health, Province of Saskatchewan

Dear Minister Duncan:

The Cypress Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2015-16 annual report as required under *The Regional Health Services Act, section 55*. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2016.

The Cypress Health Region continues to focus its efforts on the achievement of the Ministry of Health's mission of working together to achieve the best possible care, experience, and health through Better Care, Better Teams, Better Health, and Better Value.

On behalf of the members of the Cypress Regional Health Authority I would like to acknowledge the progress and successes that our team of health providers has enjoyed over the 2015-16 fiscal year. A few of the many accomplishments achieved by the Region during the past fiscal year include:

- Capital project infrastructure work including the grand opening of the Southwest Integrated Healthcare Facility in Maple Creek, significant advancement on the construction of the new 225-bed long term care facility in Swift Current, and continuing work towards an expansion of the Western Senior Citizens Home in Leader to integrate that community's health services into one location;
- Fiscal responsibility via the approval of a balanced operating budget and the achievement of a modest surplus in the previous year;
- Building, maintaining, and enhancing working relationships with the Region's municipal council partners, educational institutions, and other key stakeholders as demonstrated by a Partnership Agreement with the Great Plains College to enhance local training opportunities for Continuing Care Assistant educational programming; and,
- Continued focus on new models of care that promote a more home-like environment in long term care and address the negative effects of loneliness, helplessness, and boredom.

Our successes would not be possible without the contributions of our dedicated staff and physicians, whom are essential to the delivery of high quality health services within the Cypress Health Region.

We continue to appreciate the positive working relationship that exists with the Ministry of Health. We look forward to playing a role in the continued transformational change for the health system.

Respectfully submitted,

Lyle Quintin

Lyle Quintin
Chairperson, Cypress Regional Health Authority

INTRODUCTION

The Cypress Regional Health Authority (RHA) was established on August 1, 2002 with the proclamation of *The Regional Health Services Act.* The Cypress RHA assumed operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date. Cypress RHA is one of 12 regional health authorities that exist within the province and is located in the southwest corner of Saskatchewan. For most purposes the organization uses 'Cypress Health Region' as its operating name and refers to the governing board as the 'Regional Health Authority'.

The Cypress Health Region is continually striving towards its vision of being 'Leaders in Rural Health Excellence' and its mission of delivering safe, quality services to each person.

This *Annual Report to the Minister of Health* presents the Cypress Regional Health Authority's activities and results for the fiscal year ending March 31, 2016. As per *The Regional Health Services Act (Section 55)*, the preparation of an annual report is a legislated requirement of all regional health authorities in Saskatchewan. The report includes activities of the Cypress RHA for the preceding fiscal year, financial statements showing the business of the RHA, and other information required by the Minister of Health. It reports on publicly committed strategies, actions, and performance measures identified in the Cypress Health Region's annual strategic plan (hoshin kanri) and the Ministry's Health System Plan for 2015-16. This report demonstrates progress made on RHA commitments and assesses the accomplishments, results, lessons learned, and strategies available to build on past successes.

Data included in the report is taken from several reporting strategies including the Cypress Health Region's 'Visibility Wall', a reporting tool used by the Region to track progress and corrective action plans, and the various team leads for each hoshin kanri breakthrough initiative and project; the *Ministry of Health and Health System Plan for 2015-16*, the related 5 year provincial health system priorities, and the overarching 'Better' outcomes that are enduring over time; and regular Senior Leadership Team/Regional Health Authority discussions.

The Cypress Regional Health Authority is responsible for the preparation of the *2015-16 Annual Report to the Minister of Health* and expresses confidence that the data and content contained within it is accurate and reliable. The information contained within this Annual Report is the most recent available at the time of preparation.

ALIGNMENT WITH STRATEGIC DIRECTION

The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determining provincial health service priorities, and allocating resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of the health services it provides within its geographical boundaries.

During the 2015-16 fiscal year, the Cypress Health Region focused its collective efforts towards the four 'Betters' that are a key element of the provincial system-wide strategic planning and deployment process: Better Health, Better Care, Better Value, and Better Teams.

- Better Health – improve population health through health promotion, protection, and disease prevention; collaborating with communities and different government organizations to close the health disparity gap.
- Better Care – in partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve healthcare safety.
- Better Value – achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.
- Better Teams – build safe, supportive, and quality workplaces that support patient- and family-centred care and collaborative practices; develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

An *Accountability Document* between each RHA and the Ministry of Health further specifies the organizational program and service expectations and links expectations with funding. It complements existing legislation, regulations, contracts, and ministerial directives and policies.

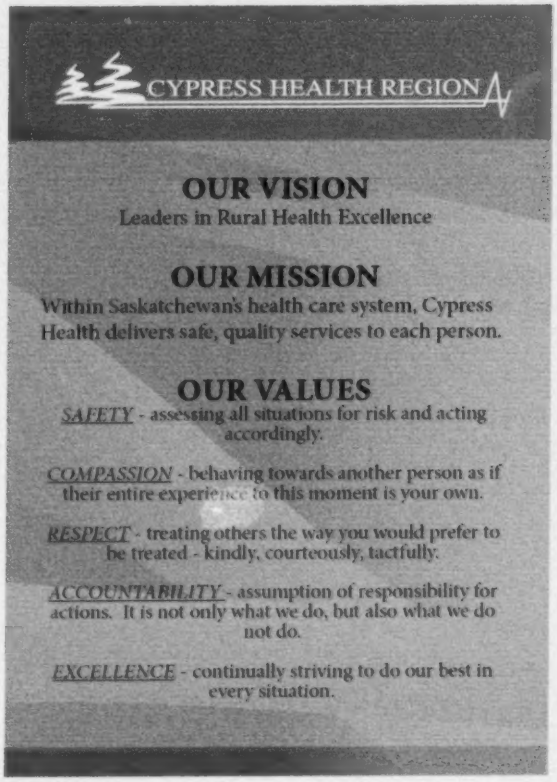
HOSHIN KANRI STRATEGIC PRIORITIES

Hoshin Kanri and the continuous improvement principles are powerful tools for setting targets and reaching goals and have become key elements of the Cypress Health Region's daily operations. The

Hoshin Kanri process brings individuals, facilities, regions, and the larger health system together to achieve significant breakthrough improvements in several priority areas. The *Hoshin Kanri* planning process focuses on the four 'Betters' for the people of Saskatchewan.

During the 2015-16 fiscal year the Cypress Health Region focused its efforts on several hoshin and outcome projects. These included a provincial hoshin project that focused on *emergency department wait times and patient flow*. As well, the Region developed its own set of 90 day quarterly hoshins:

- *Continuing Care Assistant recruitment*
- *Mental Health Wait Times*
- *Purposeful Rounding/Interactions*


CYPRESS HEALTH REGION
OUR VISION
Leaders in Rural Health Excellence
OUR MISSION
Within Saskatchewan's health care system, Cypress Health delivers safe, quality services to each person.
OUR VALUES
SAFETY - assessing all situations for risk and acting accordingly.
COMPASSION - behaving towards another person as if their entire experience to this moment is your own.
RESPECT - treating others the way you would prefer to be treated - kindly, courteously, tactfully.
ACCOUNTABILITY - assumption of responsibility for actions. It is not only what we do, but also what we do not do.
EXCELLENCE - continually striving to do our best in every situation.

Each hoshin and outcome project reflects the provincial approach to continuous improvement and the Cypress Health Region's commitment to health care quality for the people of southwestern Saskatchewan. Details of each hoshin and outcome project are reported on in greater detail within the Progress section of this report.

In addition to provincial strategic directions, a variety of other organizations and sources are used to provide guidance and direction. These include, among others: Accreditation Canada, the Health Quality Council of Saskatchewan, best practice research and programming from high performing health organizations across the world, feedback from community consultations, and local customer feedback mechanisms.

A variety of external issues, factors, trends, opportunities, and challenges are taken into account when exploring options for strategic direction and the delivery of programs and services including: an emphasis on putting the patient first; exploring opportunities for quality improvement activities; hearing the voice of patients including the integration of patient and family centered care representatives; the discovery of efficiencies; the creation of a culture of safety; understanding community needs; the exploration of other health care models; and the continual challenge of recruiting and retaining health care professionals and staff.

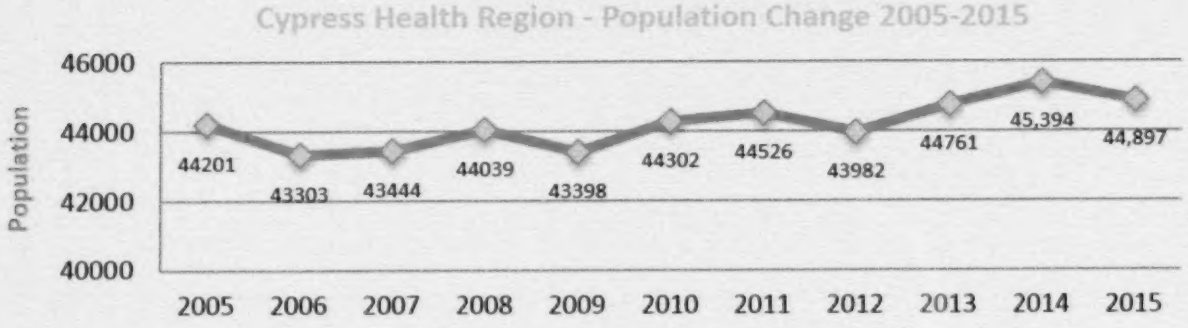
Along with challenges that health care is associated with, there are opportunities that Cypress Health wishes to take full advantage of. The Health Region is working hard to create a quality working environment for our health care team and, equally as important, is seeking out new ways to share expertise and knowledge with patients so that they can make the most of their health and well-being. Cypress Health will continue to dedicate the resources available towards the attainment of its strategic vision statement – *'Leaders in Rural Health Excellence'*.

RHA OVERVIEW

As a vital partner with the provincial government and the Ministry of Health, the Cypress Health Region provides health services to 76 rural and urban municipalities in southwest Saskatchewan. The Region is geographically dispersed with its boundaries stretching north/south from the South Saskatchewan River to the United States of America and east/west from Alberta's eastern border to the Morse/Mankota area.

The Cypress RHA has a current population of 44,897 residents as per the *2015 eHealth Saskatchewan Covered Population Report* dated June 30, 2015 (see Appendix 'C' for website information). This population is spread over a land mass of approximately 44,000 square kilometers. The Region has a diverse population including 32 Hutterite communities, equaling approximately 50% of all Hutterite communities in the province, and one First Nations community. Nearly 6% of the Health Region's population is comprised of the Hutterian culture.

The largest communities in the Region are Swift Current (17,826), Maple Creek (3,068), Shaunavon (2,324), Gull Lake (1,355), Leader (1,135), and Herbert (934).



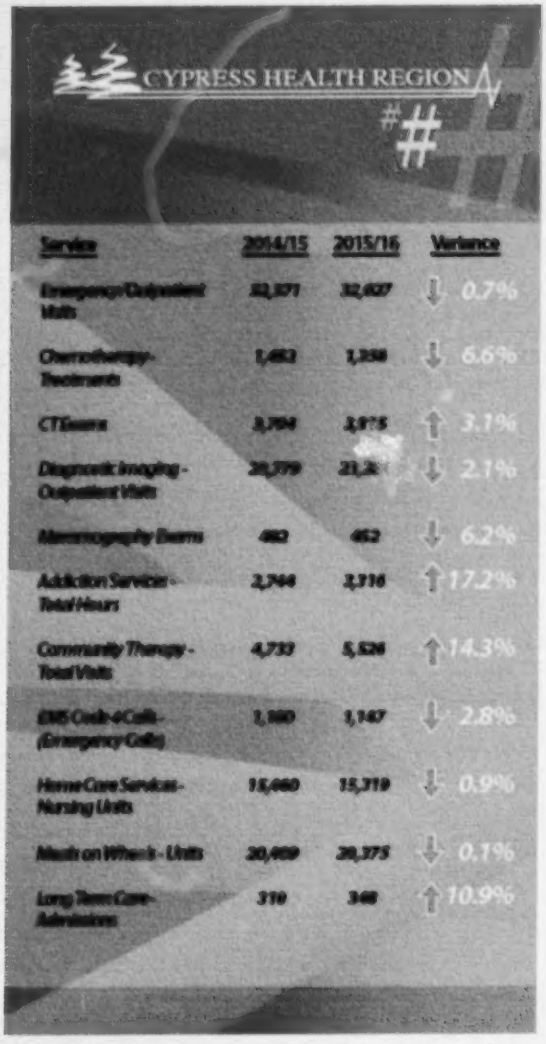
Source: Health Information Solutions Centre, eHealth Saskatchewan, Covered Population

Organization Structure

The Cypress Health Region continues to evolve and recognizes the need to review its organizational structure to ensure that it meets the needs of the organization. On January 1, 2016 the Region introduced a revised organizational structure that reduced the senior level by one senior leader. This change resulted in the redefinition of lines of business to utilize the strengths of current leaders.

Following the reorganization, the Region's Senior Leadership Team is comprised of five Vice Presidents that report to the Chief Executive Officer. The Vice President roles are Performance and Quality, Primary Health Care, Continuing Care, Acute Care and Senior Medical Officer, and Chief Financial Officer/Corporate Services.

The Region continues to function under the traditional health authority structure where the Cypress Regional Health Authority (RHA) Board is accountable to the broader community, the Chief Executive Officer (CEO) reports to the Cypress RHA Board, and the Vice Presidents report to the CEO. To view Cypress Health's organizational chart please view Appendix A.



Services

The Cypress Health Region employs approximately 1,750 staff members who provide a variety of facility-based and community-based programs and services. Staff are dispersed throughout the Region's 20 facilities, communities, and individual's homes. Facilities offer varying levels of services and are located in the communities of Cabri, Climax, Eastend, Gull Lake, Herbert, Hodgeville, Leader, Mankota, Maple Creek, Ponteix, Shaunavon, Swift Current, and Vanguard. The Regional Office is located in Swift Current.

Services provided in the Cypress Health Region include: acute care, specialized acute care services including renal dialysis, community oncology, computed tomography, surgery, intensive care, obstetrics, health centres, primary health care sites, long term care, emergency medical services, home care, chronic disease management, mental health and addictions, and population health. The Region's website (www.cypresshealth.ca) includes more information on the services provided at each facility.

A statistical sampling of service levels provided by the Region in 2015-16 is available in the chart on the right.

Partners and Health Care Organizations

The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver programs and services to residents. *The Regional Health Services Act* defines a 'health care organization' (HCO) as:

- *A prescribed organization that receives funding from a RHA to provide health services; or,*
- *An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.*

Under the legislation, HCOs must provide health services consistent with the Health Region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received from the Health Region. HCOs are required to submit audited financial statements and statistical information to the Health Region.

These relationships include:

- ***Foyer St. Joseph*** – an affiliate organization that provides long term care services in the community of Ponteix. The Foyer St. Joseph is physically integrated with the Region's Ponteix Health Centre facility.
- ***Private Ambulance Service Operators*** – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix, and Val Marie.
- ***McKerracher Support Services Inc.*** – provider of independent living services for individuals suffering from a long-term mental illness.
- ***Canadian Mental Health Association*** – provider of day programming for individuals suffering from long-term psychiatric disorders.

The Health Region has a representative that attends and participates in meetings of the McKerracher Support Services and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the Health Region. In addition, monthly program meetings are held between representatives of the organizations and Health Region where joint client case planning is coordinated.

The **Dr. Noble Irwin Regional Healthcare Foundation** is a key partner with the Cypress Regional Health Authority. The Foundation is an independent organization that is managed and governed by a separate management and governance team. The Foundation serves as the primary fundraiser for the Region. Regular discussions are held between the management teams of the Foundation and the Region to coordinate initiatives that meet the strategic directions of both entities. As well, members of the respective Boards meet to ensure that governance issues are maintained. Additional information regarding the Foundation can be found by visiting their website at www.drirwinfoundation.com/.

Governance

According to *The Regional Health Services Act*, there are to be no more than 12 members serving on the Cypress Regional Health Authority who are accountable to the Minister of Health. These members (often referred to as 'the Board') represent the diversity of the Health Region from a mixture of rural and urban backgrounds.

A total of eight members were appointed to the RHA in October 2015:

- Lyle Quintin (Chairperson) – Swift Current
- Pam Busby (Vice Chairperson) – Leader
- Ron Heeg – Swift Current
- Don Lewis – Maple Creek
- Judy Smith – Mankota
- Larry Stephens – Swift Current
- Brian Whiteside – Swift Current
- Terry Wilson – Swift Current

The Region welcomed Lyle Quintin into the Chairperson role and Pam Busby as Vice Chairperson. Acknowledgement and appreciation is extended to former Chairperson Tyler Bragg and former Vice Chairperson Ron Heeg. Ron remains a member of the RHA Board.

Cypress RHA Board of Directors

Back row, left to right: *Brian Whiteside, Lyle Quintin, Don Lewis*
Front row, left to right: *Ron Heeg, Larry Stephens, Pam Busby, Judy Smith*
Missing: *Terry Wilson*

The RHA is responsible for the planning, organization, delivery, and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for: strategic planning; fiscal management and reporting; building and maintaining quality relationships with stakeholders; quality management initiatives; monitoring, evaluating, and reporting of performance indicators; and monitoring the management and performance of the Authority and the Chief Executive Officer.

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority utilizes ad hoc committees to deal with specific issues.

Cypress RHA board meeting minutes and scheduled meeting dates are displayed for public access on the Cypress Health Region's website at: https://cypresshealth.ca/about-us/board-of-directors/.

Community Consultations

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the Health Region. These opportunities to consult with the 'community' provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

In the past, a series of five geographically-established Community Leadership Networks was established. These networks were comprised of representatives from the 76 municipal councils within the Health Region's boundaries. Discussions have taken place with individual and collective groups of municipal councils from each of the Networks; however, there were no 'formal' complete Network meetings scheduled during the 2015-16 fiscal year.

Instead, the Authority has extensively and successfully utilized a more informal community consultation structure that takes advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the Region to discuss health care concerns and issues specific to that community and surrounding area. This approach will continue into the future as the Board attempts to enhance its open and transparent relationship with its municipal partners.

The City of Swift Current invited the Region to participate as a partner in local 'Being Senior' forums. The forums focused on residents aged 65 and over as a way to communicate, engage, and share information. Specific forums were held relating to home care and long term care services. The Region's Director of Home Care and EMS participated as a presenter.

The Health Region has engaged in the Community Planning Process (CPP) in a number of its communities. The process assists communities in creating a vision of what they want to achieve in the next three years, identify health needs of the community, prioritize the identified health needs, and participate in addressing the priority health needs. The Town of Ponteix, through action steps identified in a Community Planning Report initiated in 2012, fundraised for the replacement of its x-ray machine that will

be installed early in the 2016 fiscal year. Region staff continue to meet with members of the community to discuss ongoing healthcare needs and strategies. The Town of Cabri, a community that has also been engaged in the Community Planning Process, had an additional community consultation meeting scheduled for October 2015. Due to a lack of response from community participants the meeting did not proceed.

Emphasis continues to be placed on the value and role of Patient and Family Centred Care (PFCC) representatives within the Cypress Health Region. PFCC provides a pathway for the Region to welcome, respect, hear, and support the relationships and partnerships with patients and their family members. During the 2015-16 fiscal year, the Cypress Health Region had 53 registered PFCC representatives that participated in some form of team/project exceeding 4,400 hours of volunteer service. Some of the projects that PFCC representatives were involved with included: annual Safety Expo, facility design, patient story panels, accreditation standards including required organizational practices, rapid process improvement workshops such as purposeful interactions, discharge planning, diagnostic imaging and ultrasound, hoshin work, and the development of a promotional video to promote the value of PFCC, among others. Patient and Family Centred Care representatives, as laid out in the Region's PFCC Plan, continue to be engaged and rooted in the work being done by the Region.

The Region continues to participate as a member of the Southwest Regional Intersectoral Committee (SRIC), a group of organizations and partners working together to promote community events, programs, and services. Two staff of the Region participated at the monthly SRIC meetings held throughout the year.

During the fiscal year there were extensive consultations held with groups of municipal councils and community champions in relation to the ongoing planning of capital projects in Maple Creek, Swift Current, and Leader (refer to pages 35-37 for further information on these capital projects). All three projects have included varying levels of patient and family representatives helping to determine the design and eventual transition into these capital projects. In Swift Current, for example, patient and family representatives played a large role in determining the initial design of the new 225-bed long term care facility and in Spring 2015 provided specific feedback on two mock-up rooms that were built for this very purpose.

"The new long term care facility in Swift Current will offer so many possibilities for the residents, families, and staff members. It will provide a new home to the residents - one that will offer brighter living areas with natural light, have wider hallways to promote independence, and will result in less congested areas for everyone. The safety and comfort for my sister and other residents is a key component in the planning and design.

Having the ability to participate in the week-long 3P event and in all of the design consultations with the long term care staff and architects was an experience I would certainly do again. The amount of information that was shared and discussed regarding all of the steps necessary in building a new facility from the ground up helped me to better understand the overall process.

I enjoyed the opportunity a great deal and appreciated being able to contribute my thoughts and perspectives throughout the planning process."

- ***Sheila Pilgrim, Patient/Family Representative***

The Region values and continues to build upon its relationships with educational institution partnerships. These partners include the Chinook School Division, which has very similar geographical boundaries to the Region, Great Plains College, Saskatchewan Polytechnic, and the Universities of Saskatchewan and Regina. These partnerships have resulted in key programming and technologies for future generations including: increased continuing care assistant seats, the High School Student Care Assistant program, family medicine residency, the Saskatchewan Collaborative Bachelor of Science in Nursing program, and the Lee/Irwin Simulation Training Centre and Cenovus Energy Inc. Control Room. The Region strongly values such partnerships with local and provincial educational institutions and looks forward to continuing to build strong relationships to develop and achieve collective strategies.

Other consultative processes that are being utilized include Southwest Municipal Government Forums, Chambers of Commerce, and former health district-related advisory and trust committees. Specific examples include emergency medical services staff relationships with emergency measures organizations (EMO) across the Region, development of Community Action Teams to engage communities in the Population Health Promotion Strategy and the Southwest Drug Strategy Committee, Southwest Youth Council, and primary health care staff interactions with communities including health fairs, wellness days, and peer support conferences.

Emerging Health Issues

Emerging health challenges can happen at any location within the Health Region, the province, nationally, or internationally. In conjunction with the Ministry of Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

The ever-increasing emphasis directed to **chronic disease management** continues to play a role in the Region's program and service delivery both now and into the future. The incidence of chronic diseases including diabetes, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), congestive heart failure, depression, and asthma are increasing and strategies to combat the risk factors associated with these diseases assist in addressing them. One example is the Region's *LiveWell with Chronic Conditions* program which provides practical suggestions and support to build confidence in coping with every day challenges of chronic conditions.

The Region's ***'Population Health Report'*** and ***'Maternal – Infant – Child Health Report'*** (see Appendix C for additional information regarding these resources) provide a better understanding of what the identified major health issues and challenges are. As well, the reports highlight what residents and the Region can do to help optimize individual and community health statuses.

The presence of viruses and other illnesses in our facilities and throughout southwest Saskatchewan have had a major impact on the Health Region over the past years. The Region's expanded orientation program has a greater emphasis on the necessities for proper **infection control measures** to be practiced and what to do when faced with an infection control issue. Continued educational awareness of the necessities for proper infection control by staff and the general public can go a long way in reducing the spread of viruses and illnesses.

Nearly one-third of Canadian children aged 5-17 are **obese or overweight**. The Growing Healthy Families coalition is a partnership to engage local communities with a primary goal of preventing unhealthy weights and related health conditions in children and youth. Efforts are being focused on promoting healthy lifestyles, treatment options through the Family Centre for Weight and Health, improving infant nutrition, increasing opportunities for after-school physical activity, and enhancing understanding of current risk factors and health outcomes.

PROGRESS IN 2015-16

During the 2015-16 fiscal year, a system-wide strategic planning and deployment process was identified within the Saskatchewan health system. The *Ministry of Health's Plan for 2015-16* outlines a vision for improving access that provides 'Better Health, Better Care, and Better Value', which focus on making improvements to the health of the population, individual care, and financial sustainability in the context of value. The fourth element of the vision is that of 'Better Teams' which is intended to strengthen the healthcare workforce to enable the changes required to improve the three other aims.

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with clients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Teams

Build safe, supportive and quality workplaces that support client and family-centered care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

The strategic focus of the Region was adjusted for the 2015-16 fiscal year to mirror the Ministry's priorities as outlined in the *Ministry of Health Plan for 2015-16*. As the Region moves along its transformational agenda with the Ministry and the rest of the province's health system, it continues to be committed to improving access, quality, and safety for the residents of southwest Saskatchewan. The transformation agenda includes a series of targets and innovations that puts the patient first in everything that we do, enhancing the culture of patient and staff safety, strengthening primary health care, addressing emergency department waits and patient flow, improving long term care services, and strengthening mental health/addictions services.

The following section provides information and a brief summary on the Region's key results, activities, accomplishments, and outcomes during the 2015-16 fiscal year.

Strategy: Better Health

SYSTEM OUTCOMES:

By March 2019, there will be increased access to quality mental health & addiction services and reduced wait time for outpatient and psychiatry services.

By 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to 6 common chronic conditions (diabetes, coronary artery disease [CAD], chronic obstructive pulmonary disease [COPD], congestive heart failure, depression, and asthma).

By March 31, 2020, seniors who require community support can remain at home as long as possible, enabling them to safely progress into other care options as needs change.

SYSTEM IMPROVEMENT TARGETS:

By March 31, 2016, meet triage benchmarks for outpatient Mental Health and Addiction (MH&A) services 85% of the time.

By March 31, 2016, a defined, staged implementation plan for the MH&A Action Plan is developed.

By March 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology".

By March 31, 2020, 80% of patients with 6 common chronic conditions (diabetes, CAD, COPD, depression, congestive heart failure, and asthma) are receiving best practice care as evidenced by the completion of provincial templates available through approved electronic medical records (EMRs) and the eHR viewer.

By March 31, 2016, TBD% of patients with 4 common chronic conditions (DM, CAD, COPD, and CHF) are receiving best practice care as evidenced by the completion of provincial flowsheets available through approved EMRs and the eHR viewer.

By March 31, 2017, the number of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase by 2%.

SYSTEM HOSHIN:

To improve access, by March 31, 2016, meet triage benchmarks for waits to see contract and salaried psychiatrists by 50% of the time, and triage benchmarks for outpatient mental health and addiction services 85% of the time.

Cypress Health Projects/Results

Primary Health Care

Chronic Disease Management

Chronic Disease Management – Quality Improvement Program

The Region's Primary Health Care team worked on expanding its use of the Chronic Disease Management – Quality Improvement Program (CDM-QIP) amongst providers. The CDM-QIP is a provincial program that focuses on the continuous improvement of those living with chronic diseases including diabetes, coronary artery disease, chronic obstructive pulmonary disease, and others.

All physicians and nurse practitioners working with the Primary Health Care program were trained on the use and implementation of CDM-QIP templates. To promote the accessibility of CDM-QIP flowsheets the Region developed a five minute video to explain the program and its benefits. With the inclusion of physician, nurse practitioner, management, and patient perspectives the video covers a broad range of CDM-QIP information. The video will be unveiled to the public early in the 2016/17 fiscal year.

Diabetes

A shared service was established between the regional diabetes educator and dietitian staff to begin partnerships with two fee for service clinics and one additional clinic under the Primary Health Care model. The partnership results in a stronger team-based approach to high risk diabetic patients. Patients will be able to see their physicians and primary health care provider during the same appointment and have an active role in determining their care plan.

The Primary Health Care department's education team continues to offer several programs and services in communities throughout the Region. These include cardiac education, spirometry testing, LiveWell with Chronic Condition, pulmonary rehabilitation, and Craving Change programs.

Provider Access/Patient Satisfaction

As part of its commitment to the 5-year outcome target of enhancing access to a Primary Health Care (PHC) provider, the Region monitored the ability of patients to access an appointment on their day of choice with a PHC team member. The Cypress Health Region's average score of 95% of patients reporting that they were able to get an appointment on their day of choice was above the provincial average of 88%. Monthly scores within the Region ranged from a low of 91.5% to as high as 97.9%.

The Region monitored overall patient satisfaction with PHC providers. From April 2015 to March 2016 the Region's average scores, with 10 being best possible care experience and 0 being worst, ranged from 9.0 to 9.4. This data indicates a very high overall satisfaction level from patients accessing PHC services.

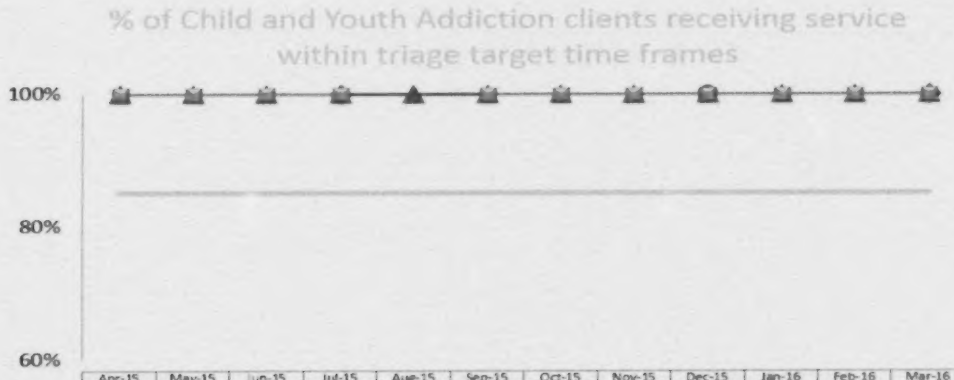
Electronic Medical Records/eHR Viewer

Electronic Medical Records and the eHR Viewer, a secure website for Saskatchewan health providers to access patient information regardless of where an individual presents for care, have been established in all of the Region's eight primary health care sites. These locations include Leader, Maple Creek, Eastend, Hodgeville, Vanguard, Mankota, Ponteix, and Shaunavon.

Mental Health and Addiction Services

Outpatient Services

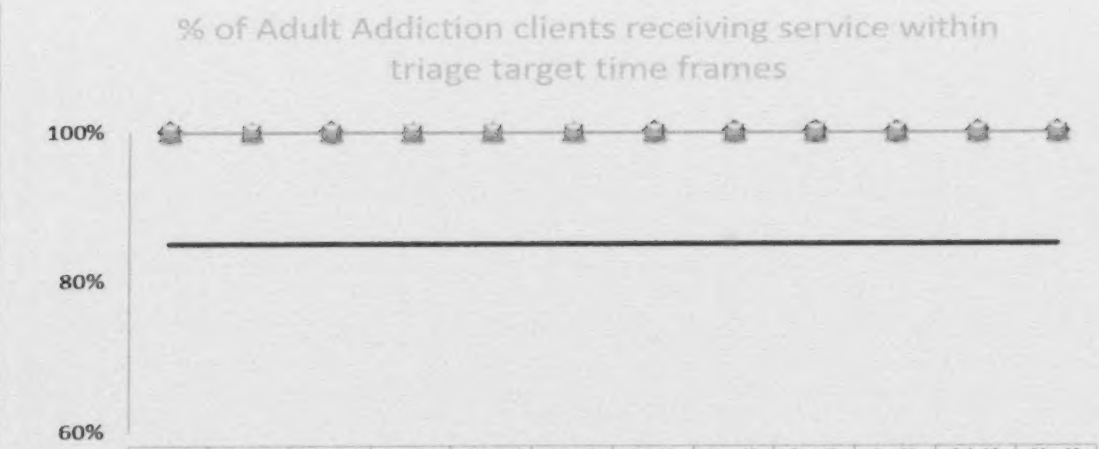
The target percentage of addiction clients, for both adult and child/youth categories, receiving service within triage target time frames was 80%. The Health Region met target time frames for addiction clients 100% of the time for all case levels including very severe, severe, moderate, and mild.



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Very Severe									100%			
Severe				100%								100%
Moderate	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mild	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%
Goal (85%)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Source: Cypress Health Region, Health Information Department

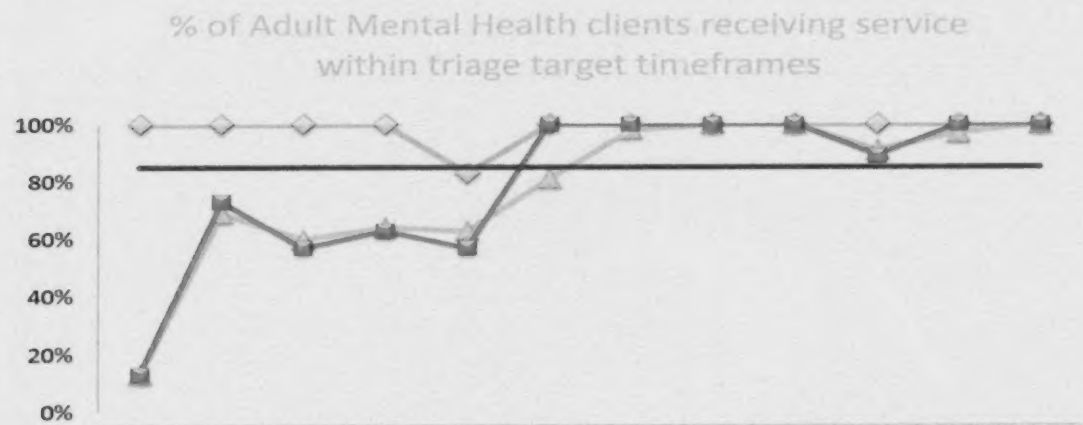
(where no data exists there were no clients in that category/month)



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Very Severe									100%			
Severe	100%		100%				100%	100%	100%	100%	100%	100%
Moderate	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Mild	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Goal (85%)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

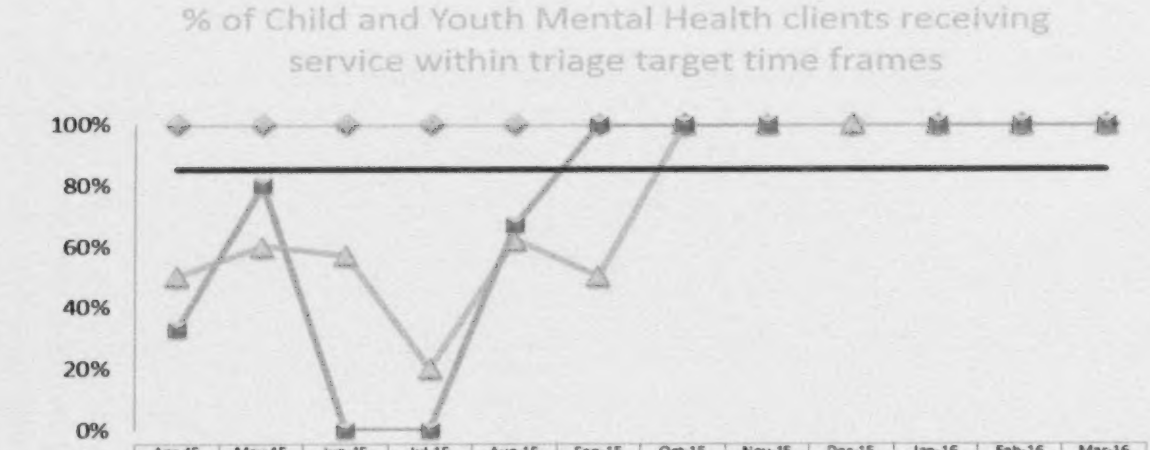
Source: Cypress Health Region, Health Information Department
(where no data exists there were no clients in that category/month)

The target percentage of adult clients receiving mental health services within triage target timeframes was 80%. This target was exceeded in 11 of 12 months for severe cases. A steady increase was witnessed for moderate and mild client cases including meeting or exceeding the 80% target in each of the final six months of the fiscal year.



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Very Severe												
Severe	100%	100%	100%	100%	83%	100%	100%	100%	100%	100%	100%	100%
Moderate	13%	69%	60%	64%	63%	81%	98%	100%	100%	91%	97%	100%
Mild	13%	73%	57%	63%	57%	100%	100%	100%	100%	89%	100%	100%
Goal (85%)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Source: Cypress Health Region, Health Information Department
(where no data exists there were no clients in that category/month)

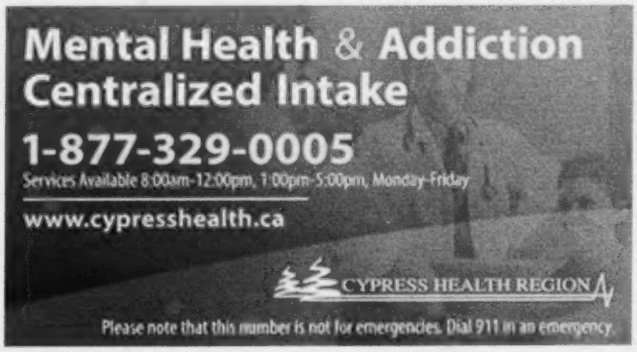


	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Very Severe												
Severe	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%
Moderate	50%	60%	57%	20%	62%	50%	100%	100%	100%	100%	100%	100%
Mild	33%	80%	0%	0%	67%	100%	100%	100%		100%	100%	100%
Goal (85%)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Source: Cypress Health Region, Health Information Department
(where no data exists there were no clients in that category/month)

To improve overall wait times to Mental Health and Addiction services the team incorporated several key innovations:

- Community mental health nurses expanded their case load to include meeting with adult clients in addition to clients with persistent, chronic mental illnesses. Two of the four nurses offer two appointments per week to the broader intake team. These appointments can be used to support adult cases, one of the department's identified pressures.
- A centralized intake process was created, allowing those requiring access to services to call a single toll-free number as their primary point of contact. The established intake team will work with individuals to confidentially identify their needs and goals. The intake team works to complement existing community resources. The centralized intake number will be formally unveiled in April 2016.
- Development and rollout of group psycho-educational supports to be used in place of traditional one-on-one counselling services, when appropriate.


Mental Health & Addiction
Centralized Intake
1-877-329-0005
Services Available 8:00am-12:00pm, 1:00pm-5:00pm, Monday-Friday
www.cypresshealth.ca
CYPRESS HEALTH REGION
Please note that this number is not for emergencies. Dial 911 in an emergency.

Moving forward into the 2016/17 fiscal year, additional improvement work is being planned that will include:

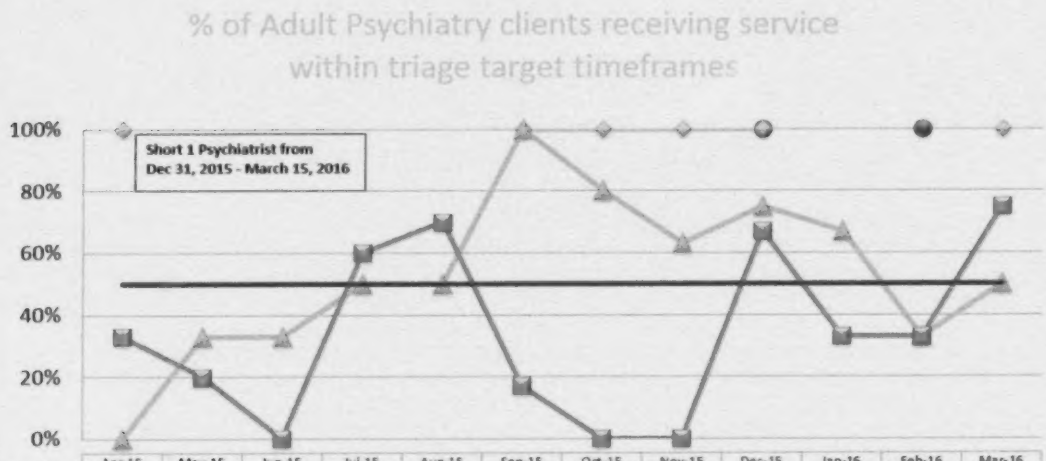
- Mapping all Mental Health and Addiction services available within the Region to better serve client needs, to better collaborate with partnering organizations and agencies, to ensure proper resource allocation, and to meet Ministry of Health requirements.
- Develop a complex case team to work with and address client cases which tend to or may remain in the service for a longer than average period of time.
- Complete formal case reviews for all clinicians, along with necessary supports, to ensure that caseloads are active.

Mental Health and Addictions Action Plan

The Ministry of Health is leading a cross-ministerial approach to address the recommendations in the 10-year *Mental Health and Addictions Action Plan* released in late 2014. The Region's Director of Mental Health and Addiction Services is actively working as a committee participant as the members work together to recommend improvements to services for those with mental health and addictions needs.

Psychiatry Services

With three psychiatrists on staff, the Region has identified challenges in meeting triage target timeframes 50% of the time. During any extended psychiatrist absence, target timeframes fall below this benchmark. Since January 2016 improvements have been implemented at the time of intake by having a psychiatrist consult with a referring agent for the option of consultation only rather than adding the patient to wait list. This work will continue to be rolled out and accepted further by referring agents, mostly general practice physicians.



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Very Severe									100%		100%	
Severe	100%					100%	100%	100%	100%			100%
Moderate	0%	33%	33%	50%	50%	100%	80%	63%	75%	67%	33%	50%
Mild	33%	20%	0%	60%	70%	17%	0%	0%	67%	33%	33%	75%
Goal (85%)	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

Source: Cypress Health Region, Health Information Department

(where no data exists there were no clients in that category/month)

Seniors and Long Term Care

Home Care

Providing adequate and appropriate home care services allows clients to remain in their own homes as long as possible. The Region notes increased client complexities amongst the Home Care department.

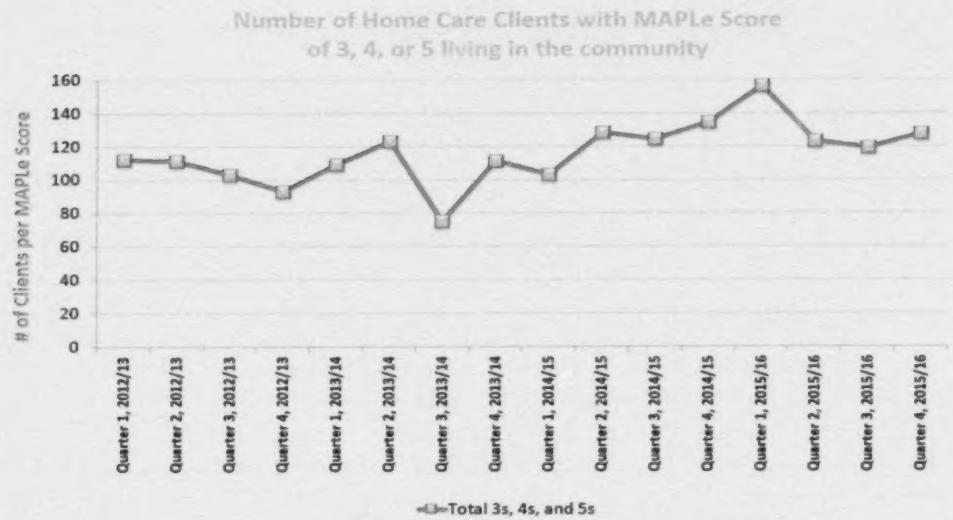
Individualized funding is a contract with the Health Region that allows patients to arrange and manage their own support services based on assessed needs. The amount of funding has increased significantly over the most recent 12 month period. This funding permits clients to be able to remain in their homes and still receive the support and care they need without having to move into a care facility.

Meals on Wheels, a volunteer led meal delivery service, continues to be a heavily used program. The demand for Meals on Wheels services has resulted in an equal demand for volunteer services. The Region actively engaged in a volunteer recruitment strategy to promote the benefits and value of volunteering, including particular campaign highlights for Meals on Wheels.

Staff travel time and the availability of staffing resources are noted challenges within the delivery of home care services to clients living in rural and remote locations.

Method of Assigning Priority Levels (MAPLe)

MAPLe is a tool used by health care professionals to prioritize clients' needs and allocate services accordingly. Clients with a MAPLe score of 3, 4, or 5 have increased impairments which may be physical, cognitive, or a combination of both. This decreases independence thus requiring an increased need for home care services to remain at home as long as possible without requiring admission to an acute care or long term care facility.



Source: Cypress Health Region, Health Information Department

In the Cypress Health Region there has been a continued increase to the number of Home Care clients with MAPLe (Method for Assigning Priority Levels) scores of 3, 4, and 5, meaning more individuals are able to live in their homes longer with access to adequate and appropriate home care services. Since 2013 an overall increase of eight percent has been experienced. There continues to be increased demands for Home Care services to provide services to clients with MAPLe scores of 3, 4, and 5.

Home Care and the Cypress Assessment and Placement Committee are responsible to ensure that clients are using and maximizing all home care services that are available to them prior to being approved for long term care placement. At times there must be creative planning with additional types and amounts of services required to ensure that clients can remain in their home as long as possible.

Progressing Towards Better Health

- The Region's midwifery community group did not formally meet in 2015/16, however, regular informal communication with team members continues to be utilized.
- Rollout of a formal Advance Care Planning program, called 'My Voice', began in 2015 with initial implementation occurring in Leader, SK. Stemming from an Accreditation Canada recommendation in 2013, the Region has worked towards introducing Advance Care Planning with the development of a committee working on a complete, Region-wide strategy. Work completed includes the development of a 'My Voice' workbook, which built off of an already existing template from the Regina Qu'Appelle Health Region, with 3,000 copies printed and available throughout the southwest. Rolling out the My Voice Advance Care Planning initiative will continue in 2016/17 with new communities, facilities, and providers being introduced to the program.
- In January 2016 the Region provided skills and education to the community regarding communicating with youth, parents, teachers, and community members about how to 'Start the Conversation'. Staff attended a local Swift Current Broncos home game with an inviting display tent. As fans passed by the tent they were able to receive information on substance use and abuse, how to talk to youth/peers in an informative manner, ways to seek help, and substances that exist and are being used within the community. The event was successful with well over 100 engagements including 89 qualitative feedback summaries from youth that stopped by. In total more than 2,200 hockey fans were in attendance at the game and heard various public service announcements about how to 'Start the Conversation'.
- A series of health fairs, wellness days, and conferences were hosted in several of the Region's communities to help share important health information and to raise awareness of the availability of local programs and services.
    - Health fairs were held in the communities of Mankota, Ponteix, Leader, and Eastend (school).
    - An 'Impact Tomorrow' peer support conference was hosted in collaboration with the Chinook School Division. Over 100 students from throughout the southwest participated and learned various skills in preparation for difficult decisions they may face in their future.
    - A Wellness Day was hosted at the Shaunavon High School for students in that community.

- A Radon Home Health Study was launched in January 2016. The study introduced research to assess radon levels in homes throughout the Cypress Health Region over a two year time period. Free test kits were distributed to families with young children, a demographic that would benefit most from minimized radon exposure. Results from the Radon Home Health Study are being collected in 2016/17 with follow up remediation details being shared with the general public.
- The Region's Dental Public Health program provided fluoride varnish programs at 59 clinics for children aged 0-5 and an additional 20 programs for school-based children. A total of 458 children participated in the fluoride mouth rinse program and dental sealant programs were offered at 30 schools including students in grades 1, 2, 7, and 8.
- Proper hand hygiene is regarded as the easiest, most cost effective way to prevent illnesses in a hospital or health care setting. Measuring compliance with hand hygiene practices through direct hand hygiene observations is a patient safety initiative that is aimed to protect patients, residents, and staff. It allows an organization to monitor its compliance and to improve education and training about hand hygiene. The observation involves watching and recording the hand hygiene behaviors of healthcare providers by trained observers as they interact with the patient/resident or work environment. In 2015/16 the Region observed 2,211 opportunities for hand hygiene and an overall compliance rating (number of observations where hand hygiene was correctly completed) of 95% was accomplished.
- In 2015 the Ministry of Health implemented a new data management system into the Public Health Inspection program. This resulted in a significant change, moving away from paper/pen reporting and into electronic based data via the use of tablets. This new system has made inspections more efficient and is noted to have even more potential for future applications. During the 2015/16 fiscal year the Region's Public Health Inspection department completed a total of 1,338 facility inspections. Of these, public eating establishments (563), licensed accommodations (159), food distribution (99) and processing (92) were the most common. A total of 1,750 calls from the public were received.
- Public Health Nursing (PHN) staff administered a total of 11,580 influenza immunizations. PHN staff provided more than 250 referrals to health providers, delivered nearly 70 health related presentations, completed over 400 postnatal/infant home visits, and initiated breastfeeding with 92% of new mothers.

Public Health officials demonstrate hand hygiene at Swift Current's Market Square

Strategy: Better Care

SYSTEM OUTCOME:

By March 31, 2019, there will be a 60% reduction in Emergency Department (ED) wait times.

By March 2018, 80% of clinicians in 3 selected clinical areas within one or more service lines will be utilizing agreed upon best practices.

By March 31, 2019, there will be a 50% decrease in wait time for appropriate referral from primary care provider to all specialists or diagnostics.

SYSTEM IMPROVEMENT TARGET:

By March 31, 2016, the length of stay (LOS) in the ED for 90% of admitted patients will be <= 22.3 hours (from the time a patient arrives in the emergency room (ER) to the time they are admitted to a bed).

By March 31, 2016, the LOS in the ED for 90% of Non-Admitted patients will be <= 5.9 hrs.

By March 31, 2016, at least one clinical area within a service line will have deployed care standards and will be actively using measurement and feedback to inform improvement.

By March 31, 2016, the provincial framework for an appropriate referral to specialists or diagnostics will be implemented in at least four new clinical areas within two service lines.

SYSTEM HOSHIN:

By March 31, 2016, 90% of patients waiting for an inpatient bed (from the time a decision is made to admit, to actual admission) will wait <= 17.5 hours.

Cypress Health Projects/Results

Women's and Children's Health Services Unit Improvement Projects/Programs

Vaginal Birth After Caesearean (VBAC)

With an end goal of decreasing the primary and overall caesarean section rates to allow more women to deliver babies vaginally following previous C-section deliveries, an improvement project was implemented by the Region in the 2015/16 fiscal year.

A research study was conducted to gain a better understanding of the differences between mothers who gave birth by C-section and those who delivered vaginally. The study included more than 600 births and formed an evidence-based approach for improvements to be implemented.

A Vaginal Birth After Caesarean (VBAC) campaign was developed and implemented. The campaign involved the development of two videos including patient and provider comments, posters/brochures, media releases, and others. As well, the Women's and Children's Health Services Unit is also participating in the moreOB™ program which includes risk reduction strategies for C-section births.

Between 2012 and 2015, the overall C-section rates within the Cypress Health Region decreased from 34% to 27%. The rate for mothers having a first-time procedure also decreased, from 20% in 2012 to 15% in 2015.

Managing Obstetrical Risk Efficiently (moreOB™)

The Managing Obstetrical Risk Efficiently (moreOB™) is a continuous patient safety improvement program led by a multidisciplinary team comprised of nursing staff, physicians, specialists, midwives, and other staff at the Cypress Regional Hospital in Swift Current. The three year program uses a collaborative approach that's intended to decrease adverse events and clinical errors by ensuring that all team members are involved in safety efforts and improvement initiatives.

The multidisciplinary team formally began their work within the moreOB™ program on May 22, 2015.

The team has incorporated many improvements through module one of the moreOB™ program including skin to skin care between parents and their newborn, Vitamin K administration for infants, management of women in labour, and the timing and use of epidurals.

moreOB team members host training event to demonstrate improvement program

Emergency Department Wait Times

Value Stream Mapping

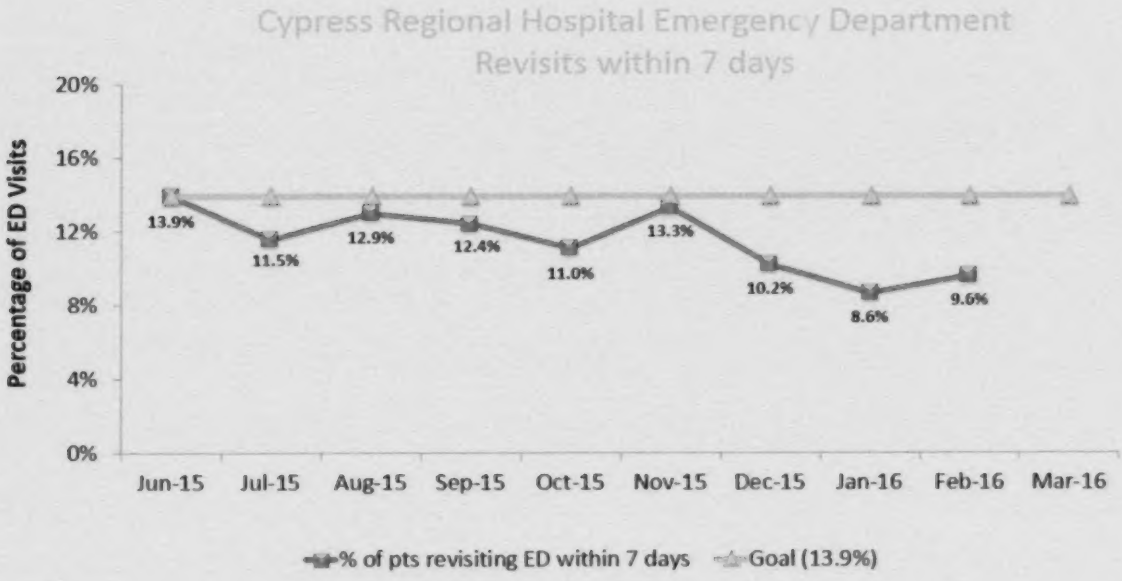
In August 2015 Region staff completed a value stream mapping of the Emergency Department (ED) at the Cypress Regional Hospital. The team included frontline staff, managers, and senior leaders who completed timings of patients through their journey in the ED. Team members used stopwatches to time the steps and to better understand patient flow. This work will serve as a basis for improvement of the flow in the Emergency Department to reduce wait times.

An in-depth analysis of the factors contributing to patient volumes in the Emergency Department at the Cypress Regional Hospital was conducted during the 2015/16 fiscal year. The analysis involved an investigation into 'high users' of the Emergency Department, patients whom were visiting with a mental health diagnosis, and acquiring a better understanding of family practices with sensitive conditions.

An overall decrease was experienced in the percentage of patients revisiting the Emergency Department at the Cypress Regional Hospital, from 13.9% in June 2015 to 9.6% in February 2016.

Two additional examination rooms are being created in the Emergency Department of the Cypress Regional Hospital to create better flow and less bottlenecks. Nursing schedules have been adjusted to ensure more seamless handover of patients at shift change. As well, the Region is in the planning

phase of introducing the Sunrise Clinical Manager software system into the emergency department as a tool to ensure better flow through the department.



Source: Cypress Health Region, Health Information Department

Length of Stay

The provincial target length of stay for Emergency Department patients being admitted into an acute facility was less than 22 hours. The Region implemented its own aggressive goal of completing this process in 5.9 hours or less. While the goal of less than 5.9 hours was met in only one month, the length of stay remained below 8.1 hours for each of the nine months that data was tracked.

The length of stay in the Emergency Department for patients who did not require admission had a provincial goal of less than 6 hours. The Region implement its own aggressive goal of 4.3 hours and met or exceeded that benchmark in four of the nine months that data was tracked. The Region was successful in meeting the provincial goal in every month of the fiscal year.

Patient Triage – Canadian Triage and Acuity Scale

Triage is used to sort and prioritize patients presenting to an emergency department based on the severity of their needs.

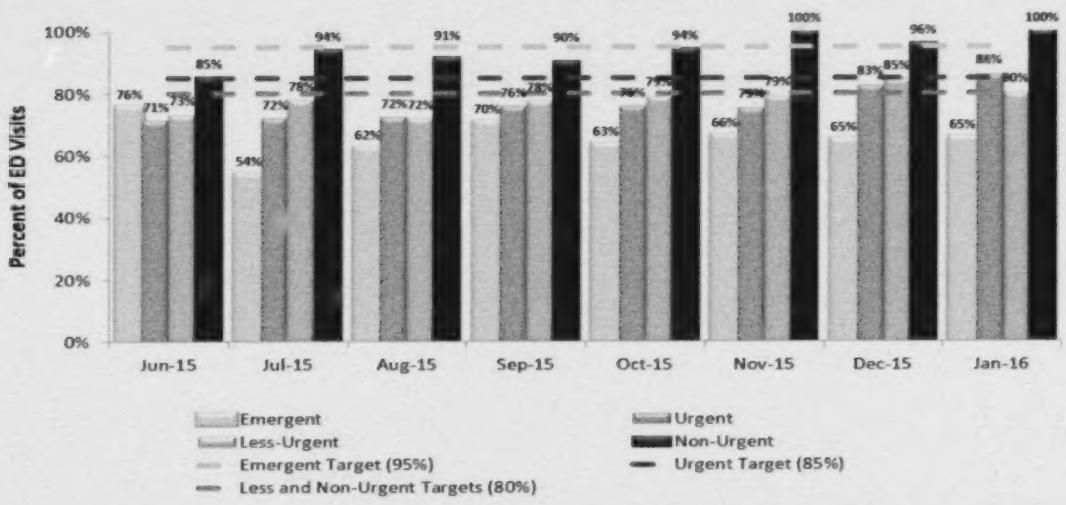
The Canadian Triage and Acuity Scale (CTAS) indicates the following timelines for each level of patient need:

- Level 1 – Resuscitation. Time to physician is immediate.

- Level 2 – Emergent. Time to physician assessment/intervention is 15 minutes or less.
- Level 3 – Urgent. Time to physician assessment/intervention is 30 minutes or less.
- Level 4 – Less urgent. Time to physician assessment/intervention is 1 hour or less.
- Level 5 – Non urgent. Time to physician assessment/intervention is 2 hours or less.

The Region performed audits of the Emergency Department at the Cypress Regional Hospital. Emergent patient cases met the 15 minute or less standard between 54% and 76% of the time. Urgent patient cases met the 30 minute or less standard between 71% and 86% of the time. Less urgent patient cases met the 1 hour or less standard between 72% and 85% of the time.

Improvements to the percentages of times where patients were seen within CTAS guidelines was experienced between June 2015 and January 2016. This improvement work included working collaboratively with Emergency Department physicians and staff to understand barriers and challenges, sharing timing metrics on an individual provider level, monitoring heavy users of emergency room services, and others. The Region will continue to monitor, assess, and work to increase the percentages of times that patients are assessed within CTAS recommended guidelines.



Source: Cypress Health Region, Health Information Department

Alternate Levels of Care

At times, patients can be classified as needing alternate levels of care (ALC). An ALC patient is one who does not require acute care services but are awaiting an alternate service. Alternate services can include long term care assessment, approval and waiting for admission to a facility/community service, or accessing services within one's home or from a community service. ALC patients may need assistance in areas of medical management, social issues, housing, bariatric services, etc.

The Region has been working towards the three objectives of ALC: to create a common understanding throughout the province of the new provincial definition of ALC, to provide tools to capture data and information about this population, and to facilitate the delivery of better health care and inform future investments and resources to reduce emergency department waits and improve patient flow. An ALC checklist is used to assess patient need and data is collected through various forms. The checklist, completed by providers, includes pertinent information to one's care needs including medication management, social/housing issues, need for assistance (mobility concerns, cognitive impairment, etc.).

Emergency Department room, Cypress Regional Hospital, Swift Current

Purposeful Interactions

Purposeful Interactions

In an effort to establish and maintain identified resident care needs, it is essential to implement a system of planned, regular interactions with residents of long term care facilities. Purposeful interactions, sometimes referred to as purposeful rounding, has many benefits including: reduced number of call lights, reduced number of complaints related to pain, increased patient satisfaction, increased employee satisfaction and staff productivity, and others. The Region uses purposeful interactions terminology in place of purposeful rounding as it demonstrates and encourages engagement with residents more than regular check-ins, or rounds.

During the 2015/16 fiscal year the Region focused its fourth quarter efforts on implementing purposeful interactions in one third of its long term care facilities, representing a total of four facilities. A Rapid Process Improvement Workshop (RPIW) was conducted at the Herbert and District Integrated Health Facility, the first facility in the Region to implement purposeful interactions.

The RPIW was used to determine the core principles to create the template for this work within the Region. As purposeful interactions are being replicated into all facilities, staff have opportunity to adjust and to change the process to suit their facility. The principals of purposeful interactions cannot be altered, but as each facility is unique the Region needs to ensure that the process fits.

The RPIW team focused on two areas of change, one of which was to develop a script that would cue staff to ask about the 4P's (positioning, pain, personal assistance [washroom], and possessions). These questions were posted in resident rooms on white boards to be used for communication between families and staff.

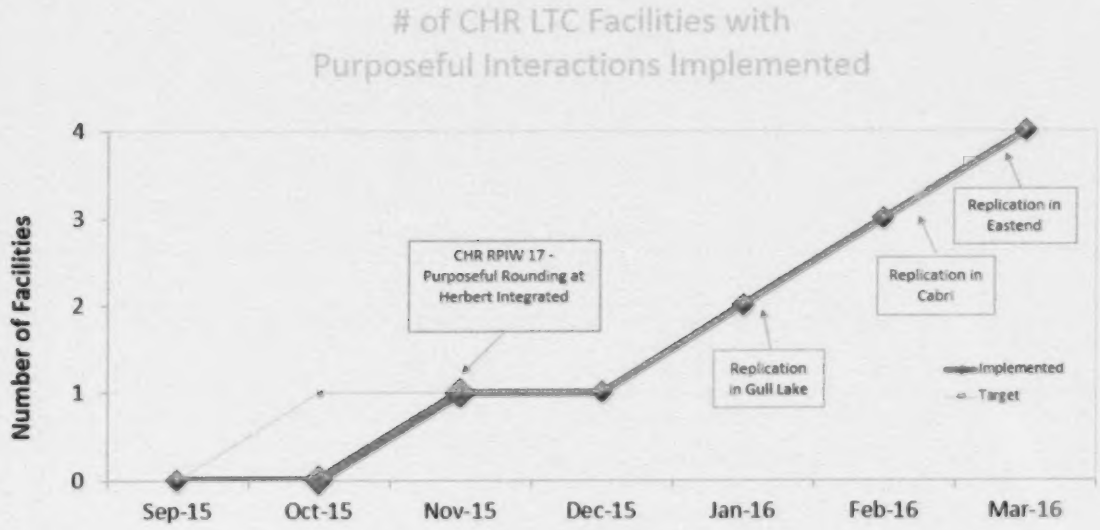
With now having questions to ask, there can be more one on one interactions. With the introduction of the white boards in the room, I can see what is going on as a family member and also see what they need.

- *Patient Family Representative*

A target metric of 80% was set for the number of occurrences that should be documented per hour compared to the actual number of occurrences documented per hour. Thirty days after the RPIW the actual number of occurrences being documented per hour was 65%. The 60 day (86%) and 90 day (88%) audits revealed significant improvements that were above the 80% target.

Point Click Care (electronic charting) is now also being used to assist with documentation of each interaction instead of using a paper based method as initially trialed.

After completing the rollout of purposeful interactions in Herbert the Region implemented it in Gull Lake (January 2016), Cabri (February 2016), and Eastend (March 2016). Additional Long Term Care facilities within the Region will implement purposeful interactions in the 2016/17 fiscal year.



Source: Cypress Health Region, Visibility Wall

Strategy: Better Value

SYSTEM OUTCOME:

By March 31 2017, all infrastructures (IT, equipment & facilities) will integrate with provincial strategic priorities, be delivered with a provincial plan, and adhere to provincial strategic work.

Ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by achieving a balanced or surplus budget.

SYSTEM IMPROVEMENT TARGET:

By March 31, 2016, have delivered results on 3 high impact capital areas that address high risk for critical failure using alternative funding /delivery options.

By March 31, 2016, common criteria and options for investing are used to vet all capital investments.

All health system partner organizations will be in a balanced or surplus year-end financial position in 2015-16.

Shared services activities will produce $10M net new savings in 2015-16.

Cypress Health Projects/Results

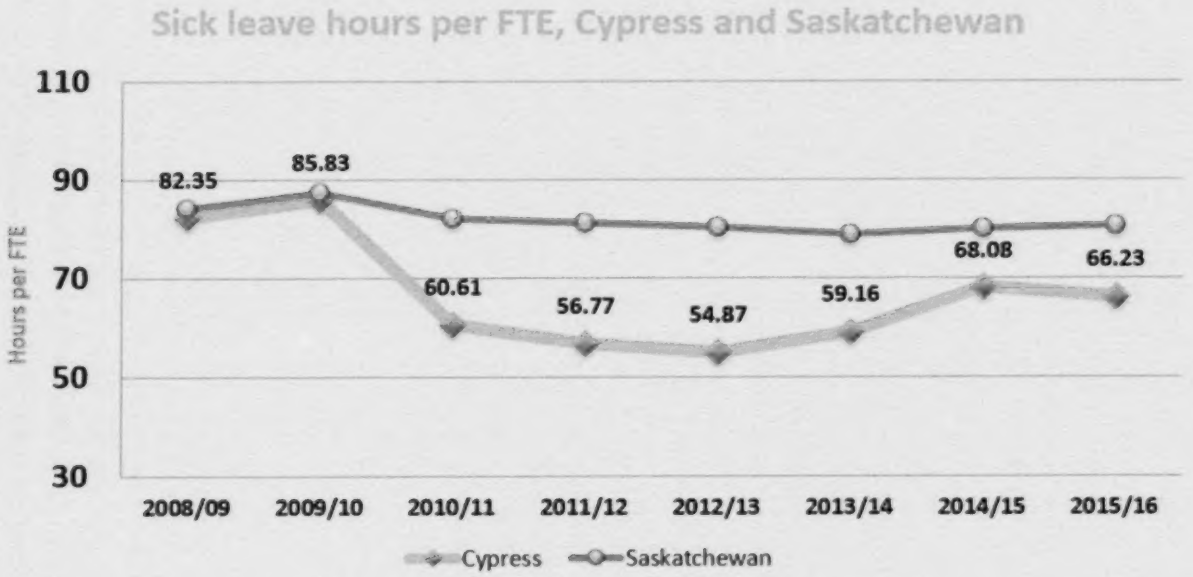
Sick Time and Overtime

Hours of Sick Time per Full Time Equivalent (FTE)

The Region's sick hours per FTE rate of 66.23 was the lowest of any regional health authority in the province and decreased from the 2014/15 Region total of 68.08. Sick hours per FTE usage in the Cypress Health Region was more than 14 hours less than the provincial average of 80.82 sick hours per FTE.

To limit the use of sick time the Region continued using its attendance support program alongside providing education to managers on new work standards that were developed. A listing of identified modified duties has been developed for every classification in every department for each of the Region's facilities. As well, the Region provides education to physicians and continues to build on its strong working relationships with the medical community.

Over $753,373 in sick leave costs were paid to Cypress Health employees during the 2015/16 fiscal year, or $28,975.90 per bi-weekly pay period.



Source: Saskatchewan Ministry of Health, Dashboard Measures, 2015-16

Hours of Wage-Driven Premiums per Full Time Equivalent

Cypress Health ended the year with a rate of 43.93 hours per FTE which was higher than the provincial average of 41.12.

- Work was completed to develop a nursing resource team that includes registered nurse float positions that can work in multiple sites as needed. The project was put on hold due to bargaining with the Saskatchewan Union of Nurses.
- A challenge identified in reducing wage-driven premium hours is the ongoing sustainability of existing rural emergency and outpatient services. An offsetting factor of maintaining the service on an ongoing basis is the necessity to utilize wage-driven premiums to consistently staff the service. Staffing shortages require overtime premiums to be paid in order to keep facilities open.
    - Contract positions were used by the Region throughout the year when needed to fill identified gaps in staff coverage and to ensure facilities/services can continue to operate when staffing shortages exist. Contracted positions included registered nurses, sonographers, and combined lab/x-ray technicians.

Wage Driven Premium Hours (Overtime) per FTE,
Cypress and Saskatchewan

Source: Saskatchewan Ministry of Health, Dashboard Measures, 2015-16

Technology

Telehealth

The use of Telehealth continues to see success in the Region. More than 1,025 patients accessed Telehealth for clinical services during the fiscal year. This represents an approximate savings of 447,000 kilometers in travel that was able to be avoided by patients utilizing Telehealth to access various specialists and clinicians in other locations. Using the Canada Revenue Agency's per kilometer rates for 2015 ($0.465/kilometer), this equals a savings to patients of $207,855.

The most frequently accessed services included oncology and nephrology. As of March 31, 2016 the Cypress Health Region has 28 active Telehealth sites.

Lee/Irwin Simulation Centre and Cenovus Energy Inc. Control Lab

A complete simulation (sim) lab is a significant tool to improve medical accuracy. The Cypress Regional Hospital's sim lab allows for training and education to be offered to health professionals through the use of advanced training equipment. The sim lab includes four mannequins: adult, infant, child, and a birthing patient, and also features a separate observation area/control lab.

The sim lab, which has recently received upgraded audio and software systems, is used by physicians and family medicine residents, students of the Saskatchewan Collaborative Bachelor of Science in Nursing program, and for other staff training and education needs including catheterization and IV pump training. As well, a full mock code was conducted in the sim lab during the 2015/16 year.

Information Systems

Information Systems partnered with the Chinook School Division to allow Child and Youth Counsellors and Addictions Counsellors to access the Chinook Wireless Network using Health Region laptops. This will allow clinicians to provide enhanced services as they will have access to client data and will be able to schedule appointments in real-time when they meet with clients at a school.

Information Systems is piloting a hosted secure messaging solution for physicians called BlackBerry Messenger (BBM) Protected. Currently, five physicians are piloting the service which allows them to communicate via encrypted tunnel with anyone using BBM. The BBM App is available on multiple platforms, meaning any physician will be able to benefit from the service.

Capital Projects

Southwest Integrated Healthcare Facility – Maple Creek, SK

The Southwest Integrated Healthcare Facility (SIHF) officially opened its acute and universal care units on June 17, 2015 in Maple Creek. Emergency outpatient services, laboratory/x-ray services, and the Primary Health Care clinic within the Universal Care Unit began operating at the new facility on this date.

Long term care services, offered via 3 – 16 bed 'houses', closely followed with their transition from the Cypress Lodge Nursing Home on August 24, 2015.

A celebratory grand opening event was held on-site on October 23, 2015 with Health Minister Dustin Duncan and Rural and Remote Health Minister Greg Ottenbreit in attendance, joining Cypress Hills MLA Wayne Elhard and other regional and local dignitaries.

Grand opening celebration event, Southwest Integrated Healthcare Facility, Maple Creek

The new facility has allowed for the integration of all health services in Maple Creek within a single, state-of-the-art facility. The facility is home to 48 long term care beds, 24 acute care beds, 16 patient clinic rooms, and other services including home care, a 3-bay drive through ambulance centre, visiting specialists, and others.

Swift Current Long Term Care Facility

Construction of a new 225-bed long term care facility in Swift Current began in Fall 2014 and significant progress was made on the project during the 2015/16 fiscal year. The facility is the first in Saskatchewan to be built with a P3 (public-private partnership) procurement model and is being constructed on a 15 acre parcel of land and will be connected to the Cypress Regional Hospital.

Designed with input from staff, residents, Patient and Family Centred Care representatives, and others, the facility features 22 individual 'houses' in 3 'neighbourhoods'. Teams worked to construct mock-up rooms, including a standard resident room and a larger hospice/palliative room, to allow stakeholders and the general public an opportunity to visually see and experience what the new spaces will look like. Attendance at public tours of these mock-up rooms was strong with many seizing the opportunity to preview the rooms and learn more information about the new facility.

The Region is now focusing on its eventual move-in and transition into the Swift Current Long Term Care facility. Construction is scheduled to conclude at the end of April 2016 with resident occupancy occurring in three phases beginning in early June.

Swift Current Long Term Care Facility, interior photo as of February 2016

Leader Capital Project

An expansion/renovation project at the Western Senior Citizens Home in Leader, SK continued to progress. Planning and design work has included staff, patients and residents, family members, community stakeholders, architects, and others.

A call for tenders was made in September 2015. Due to higher than budgeted capital construction costs, an announcement was made in November regarding delays to the integration process.

Following extensive efforts and multiple reviews of submitted construction tenders, the initial call for construction tenders was cancelled in January 2016 to allow for revisions to the overall design of the project that will meet the budgeted capital construction amount. Work will continue on the redesign of the project in 2016/17.

For more information and updated details on each capital project please visit: https://cypresshealth.ca/health-facilities/buildingcapital-projects/.

Capital Equipment

Emphasizing patient and staff safety, the Cypress Regional Health Authority approved a $2.304 million investment in May 2015 to be utilized to purchase a variety of critical items of equipment. The investment was financed through targeted funding sources and through the Region's 2014/15 operational surplus of $3.858 million.

Nearly 130 items of equipment were identified for purchase through a Region-wide prioritization process that encompassed several factors such as age of equipment, repair history, and vendor support. The items purchased included long term care and acute care beds, a pharmacy medication distribution system, electrocardiograph (ECG) machines, ambulances, laboratory equipment, and others.

Staff Education

The Region's Education Service Bureau (ESB) recognized the need to redevelop a few key delivery methods and infrastructure supports. A new online e-Learning platform was developed in 2015/16 to respond to increased technological skillsets of changing workforce demographics and to improve existing process gaps. The e-Learning system consolidates three previous platforms into a single user friendly application.

The new e-Learning platform offers benefits to staff, educators, and managers. Staff can self-register for in-person courses, complete online learning curriculum, update their education record with elective learning, and check the overall status of their education record. Educators are able to schedule classes, update learning packages, track attendance, and submit attendance records for staff payment. Managers are able to quickly and easily access learning progress for each of their staff teams to ensure respective areas of responsibility are up to date with required education.

Strategy: Better Teams

SYSTEM OUTCOME:

To achieve a culture of safety, by March 2020, there will be no harm to patients or staff.

SYSTEM IMPROVEMENT TARGET:

By March 2018, fully implement a provincial Safety Alert/Stop the Line (SA/STL) process throughout Saskatchewan.

By March 31, 2018, all regions and the Cancer Agency will implement the six elements of the Safety Management System. (SMS)

By March 31, 2019, all regions and the Cancer Agency receive a 75% evaluation score on the implementation of the elements of the Safety Management System.

By March 2019 there will be zero shoulder and back injuries.

Cypress Health Projects/Results

Safety

Safety Management System and Safety Alert/Stop the Line

The Regional Safety Team meets monthly to discuss the future rollout of the Safety Alert System, patient/staff safety, and Stop the Line processes. Through these meetings it was determined that there was an opportunity to combine them into a broader Safety Management System (SMS).

In April 2015, as planning work to implement the Safety Manager System was being completed, the working group determined that to reach a true culture of safety key elements would need to be included. The Region's SMS has been built to not only include Cypress Health employees, but also patients, volunteers, students, and contractors.

The Safety Team, led by the Region's Director of Occupational Health and Safety, met with important stakeholders including the Saskatchewan Association for Safe Workplace in Health to discuss how to enhance the Region's SMS to meet all levels of safety and to form a true system to manage safety.

Over a seven month time period the Regional Safety Team developed a Safety Management System for the Cypress Health Region. The System includes six core elements with an end goal of having every health region manual fitting under one of the six elements. Included in the SMS are required

organizational practices and accreditation standards via Accreditation Canada and risk standards from the Healthcare Insurance Reciprocal of Canada (HIROC).

The team completed its first audit of the Region's Safety Management System in January 2016.

The Cypress Health Region's #1 value is safety. The intensive work involved in creating a new standard of a Safety Management System that is built around both patient and staff safety is reflective of this.

Shoulder and Back Injuries

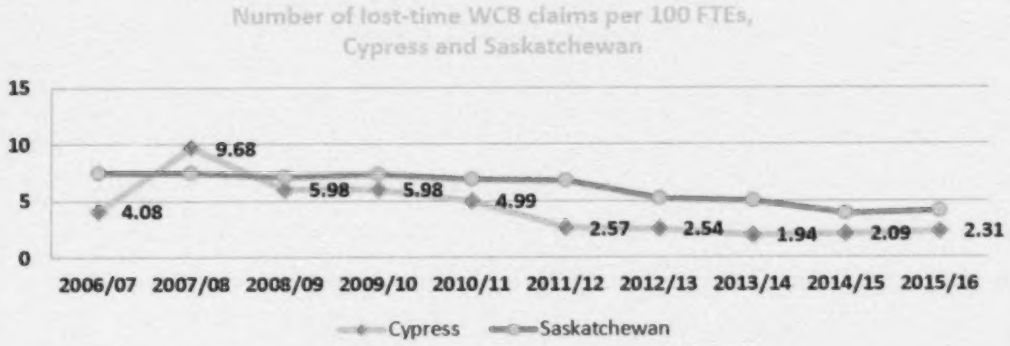
The Region's work towards building a complete Safety Management System will help reduce all incidents of injury, including shoulder and back injuries. The SMS builds a stronger culture of safety for patients and staff.

Any shoulder and back injuries that occur in the Region are investigated by facility Occupational Health & Safety committees to determine the root cause and to implement recommendations to ensure that such an incident does not reoccur. New facilities being built in the Region, including the Southwest Integrated Healthcare Facility in Maple Creek and Swift Current's new long term care facility, are equipped with ceiling track lifts in patient rooms, tub/spa rooms, and resident/patient washrooms. Ceiling track lifts have also been installed within patient rooms of other facilities including the Cypress Regional Hospital.

Workers Compensation Board Claims

The Cypress Health Region's number of time loss Workers Compensation Board (WCB) claims per 100 full time equivalents (FTE) was 2.56. The Region achieved the second lowest rate of 100 FTEs amongst Saskatchewan's regional health authorities and was well below the provincial average of 4.35 time loss WCB claims per 100 FTEs.

To reduce time loss due to WCB claims a focus is placed on prevention through ergonomic assessments, staff training including Transfer Lift Reposition (TLR), and working together with the Occupational Health & Safety department on corrective actions. The Region has also developed a strong return to work program for those accessing WCB claims.



Source: Saskatchewan Ministry of Health, Dashboard Measures, 2015-16

Staff and Patient Safety

For the fourth consecutive year the Region hosted its popular Safety Expo in October 2015. The Expo draws crowds of over 500 people and helps draw attention to the Region's number one value: safety. The five day event offered something for everyone, including staff and the public, with different themes available each day. Themes of the 2015 Expo were: Patient and Family Centred Care, 'My Visit to the Emergency Room', staff safety, patient safety, and a room of horrors. Vendors, local businesses, staff, guest speakers, and schools were in attendance during portions of the Expo.

Staff

Appreciation Events

Each fall a Years of Service Gala is held to celebrate and formally thank staff members who have reached milestones for continuous years of service during the calendar year. At the November 2015 event a total of 67 staff, who have achieved 15 years of service or greater, attended the Gala. Honoured guests included 22 for the 15 year milestone, 14 for the 20 year milestone, 10 for the 25 year milestone, 11 for the 30 year milestone, 8 for the 35 year milestone, and 2 for the 45 year milestone. In 2015 the Region recognized a total of 220 staff members who reached a service plateau ranging from 5-45 years. This totals nearly 4,000 years of health care experience.

A physician appreciation night was hosted in Swift Current to formally thank the complement of physicians working within the Cypress Health Region. The event included recognition for long-serving physicians and participants in the Family Medicine Residency program.

Volunteer appreciation teas were held in many communities during National Volunteer Appreciation Week in April. Volunteers play an integral role to the success of several programs and services and the teas are open to all registered volunteers in the Cypress Health Region.

Volunteer appreciation tea event, Swift Current, SK

Recruitment

Evolving models of care and anticipated changes to the workforce in upcoming years has led to the exploration of creative ways to address recruitment challenges. The Cypress Health Region and Service Employees International Union (SEIU-West) reached an agreement in May 2015 to work together to develop and implement an opportunity for high school students to work in health care prior to graduation through the High School Student Care Assistant (HSSCA) position. The opportunity was open to all high school students in the Region that may be interested in pursuing a health care career following graduation. The program was very successful with close to 50 applicants in total, 39 of which advanced to the interview stage. The net result was the recruitment of 22 students working in a HSSCA position. The Region continues to evaluate the success of the program and is working on possible continuation in future years.

To meet the desired staffing levels of the new 225-bed long term care facility in Swift Current, an identified strategy was to develop additional local educational opportunities for individuals to complete their required training to become a certified Continuing Care Assistant. In December 2015 the Region partnered with the Great Plains College to deliver a full-time CCA Certificate program at the College's campus in Swift Current. The program began in March 2016. Additional program offerings are also being considered to further enhance staffing levels for Continuing Care Assistant positions. The Region engaged in a strategic advertising campaign specific to the recruit of trained and untrained Continuing Care Assistants. The campaign included posters, handouts, social media advertisements, webpages, and others.

Training

All new employees of the Region are enrolled in general orientation. General orientation ensures all staff are ready to begin their employment by receiving appropriate and necessary training that's relevant to their position. General orientation includes policy reviews, infection control training, FIT testing (respirator mask sizing), emergency plans, equipment lockout, Transfer/Lift/Repositioning training, immunizations, and others. Classification-specific training is also provided during general orientation. In total approximately 325 new hires were enrolled in general orientation during the 2015/16 fiscal year.

Great Plains College and Cypress Health sign partnership agreement for Continuing Care

MANAGEMENT REPORT

Date: June 8, 2016

CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian public sector accounting standards and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

B Vachon

Beth Vachon
Chief Executive Officer

Larry Allen
CFO & VP Corporate Services

FINANCIAL OVERVIEW

The Cypress Health Region ended the year with an operating surplus. However an operating surplus is not a good indicator of financial viability. There are three main financial indicators that must be reviewed and understood to determine an organization's financial viability:

1. **Operating Working Capital** – this indicator is calculated as "Current Assets" less "Current Liabilities" in the operating fund from the *Statement of Financial Position* in the audited financial statements;
2. **Excess of Revenues over Expenses in the Operating Fund (commonly referred to as "Surplus")** – this indicator can be found on the *Statement of Operations and Changes in Fund Balance* report in the audited financial statements; and
3. **Future Required Investments** – this financial indicator does not show up in an audited financial statement and cannot be easily calculated. The indicator refers to an amount that would be required for an organization to make investments to:
    a) Ensure safe, quality services are provided based on standards that presently exist or may be developed for the service.
    b) Ensure quality improvements are implemented and funded.
    c) Ensure updated legislative requirements are implemented [e.g. Health Information Protection Act (HIPA), Occupational Health & Safety (OH&S), Labour Standards, etc.].
    d) Fund critically required capital infrastructure projects.
    e) Fund required replacements and investments of capital equipment.
    f) Invest in best practices and new initiatives to improve services.

Operating Working Capital

= "Current Assets" less "Current Liabilities" in the Operating Fund
= $ 27,720,657 - $18,264,836
= $ 9,455,821

According to this financial indicator, the Cypress Health Region has improved its financial position since inception in 2003. A reasonable expectation for a publicly funded organization is to have a positive working capital that would allow the organization to operate for 20 days. Currently the Region is operating with a positive 25.69 days of working capital in the operating fund.

In order to maintain this working capital the Region needs to continue generating operating surpluses (excess of revenues over expenses) to address needed investments in the third financial indicator listed above.

Excess of Revenues over Expenses in the Operating Fund (Surplus)

= "Total Revenues" less "Total Expenses" in the Operating Fund
= $ 138,383,600 - $136,960,570
= $ 1,423,030

The Cypress Health Region met its financial target of having a balanced operating budget, which is a surplus greater or equal to zero dollars. A balanced budget is a good target to have, but when you review the first and third financial indicator described above, the Cypress Health Region should make every attempt to target significant surpluses to:

1. Invest in providing enhanced, safe, and quality health care services.
2. Invest in much-needed capital infrastructure and capital equipment.
3. Strengthen its financial position by investing in its working capital.

Since significant surpluses have been achieved in the past five years, the Region has to determine its most critical areas for investment. It has been determined that the surpluses generated are most needed for investment in capital infrastructure projects and critical equipment needs. Capital infrastructure continues to be a high priority for the Region with the construction of Swift Current's new long term care facility and a recent tender for the integration of the facilities in Leader. In fiscal 2015/16 the Region invested $1.857 million of the unrestricted surplus in critical equipment needs.

Expenditures

The expenditures of the Region were $883,000 over budget. Some of the major expense variances are:

- The Region experienced a large amount of staff shortages resulting in unexpended salary and benefits in the amount of $2.9 million. Changes to accruals for vacation, earned time, severance relating to changes in long term care in Swift Current, and collective agreements resulting in salaries being over budget by $436,000.
- Medical remuneration was over budget $168,000 for unfunded locum physicians at the Cypress Regional Hospital in the area of surgery, internal medicine, and several physician vacancies.
- In order to keep services in some rural sites and the Regional Hospital's Intensive Care and Medical –Surgical units, the Region had to use contract nursing at an added cost of $154,000.
- Contract ambulance fees were over budget $174,000 resulting from collective agreements.
- Unbudgeted small equipment purchases were $651,000. This is the replacement of equipment that does not meet the capital threshold of $3,000.
- A total of $412,000 in unbudgeted extra equipment, buildings repairs, and maintenance costs.
- $98,000 increase in home care drug costs.
- Reduction in Board expenses resulted in a savings of $70,000.
- Contracted out services and IT contracts were under budget by $240,000.
- Food expenses rose by an average of 9% resulting in unbudgeted costs of $197,000.
- New consumable contracts in the area of lab supplies and prosthetics saw a savings of $175,000.
- Travel cost savings due to staff shortages of $148,000.

For further information see *Schedule 1* of the audited financial statements.

Revenues

The revenue of the Region was $2.3 million over budget. Some of the major revenue variances are:

- The Region received an extra $1.6 million in additional base funding from the Ministry of Health with the majority of the funding allocated for collective bargaining agreements, rural locum program funding, and Saskatchewan Medical Association increases for physicians.
- The Region received reductions of $800,000 to funding for deficit reduction strategy and reduction of a primary care physician position who returned to fee-for-service practice.
- Recognition of deferred revenue of $405,000.
- There was an increase in the amount of out of province utilization of services and facilities which resulted in revenue gain of $128,000.
- Other recoveries and miscellaneous revenue of $810,000 was a result of increases in rebates, non-provincial deferred revenues, and a WCB investment rebate.

For further information see the *Statement of Operations and Changes in Fund Balances* in the audited financial statements.

Capital

The capital expenditures of the Region were $91.5 million consisting of:

- $780,000 in infrastructure projects.
- $147,000 in mortgage payments.
- $4.8 million in equipment purchases – Swift Current Long Term Care facility equipment and critical equipment needs throughout the Region.
- $740,000 on planning for the Swift Current Long Term Care facility.
- $82 million for the construction to date of the Swift Current Long Term Care facility.
- $2.1 million on the Southwest Integrated Healthcare Facility in Maple Creek.
- $700,000 for the planning of the Leader project.

The capital purchases were funded by the Ministry of Health, Dr. Noble Irwin Regional Health Care Foundation, donations, and generated operating surpluses.

Special Funds

The Region administers several Community Trust funds totaling $413,000. These funds have been in place since the amalgamation of the Region in 2002 and were set up for the provisions of health care services. For more information regarding Community Trust Funds see *Note 14* in the audited financial statements.

Debt

The Region currently has four mortgages totaling $821 thousand that are guaranteed by the assets of the organization. There is an obligation to Plenary Health Swift Current Limited Partnership for the construction of the Swift Current Long Term Care facility in the amount of $119 million. For more information see *Note 4 and 5* in the audited financial statements.

Future Required Investments

This third financial indicator is future orientated and is extremely difficult to measure. The main strategies to address this indicator would be to generate significant surpluses to:

1. Build reserves for one-time investments like capital investments or short-term initiatives.
2. Make required investments into core-mandated services to ensure safe, quality, and effective health care services can be delivered.

Examples of challenges the Region is facing that require financial investments are:

1. Implementing consistent workload standards to ensure that safe, effective, and quality health care services can be delivered.
2. Ensuring currently provided services are effective and sustainable.
3. Addressing quality of service issues by implementing best practices.
4. Investing in critical capital infrastructure projects.
5. Meeting increasing service needs of the province's residents by implementing new initiatives like Patient Family Centered Care (PFCC).
6. Funding Inflationary cost pressures (e.g. drug costs, medical supplies, etc.).
7. Implementing and sustaining Occupational Health & Safety and patient safety systems.
8. Enhancing capital equipment replacement.

If one were to invest significant human resources and effort in analyzing each of the above challenges, an amount could be quantified to determine how much surplus would be required to effectively manage and fund the above *Future Required Investments*.

The Cypress Health Region is committed to work together with the Ministry of Health and community partners to clearly identify and cost these challenges in attempts to achieve higher levels of financial sustainability.

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

Financial Statements
For the Year Ending
March 31, 2016

STARK & MARSH
CPA LLP

INDEPENDENT AUDITOR'S REPORT

To: The Directors of Cypress Regional Health Authority

We have audited the accompanying financial statements of Cypress Regional Health Authority, which comprise the statement of financial position as at March 31, 2016, and the statement of operations, statement of re-measurement gains and losses and statement of cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Public Sector Accounting Standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Cypress Regional Health Authority as at March 31, 2016, and its financial performance for the year then ended in accordance with Public Sector Accounting Standards for government not-for-profit organizations.

Stark & Marsh
CPA LLP
Chartered Professional Accountants
Licensed Professional Accountants

Swift Current, SK
June 8, 2016

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position

as to March 31, 2016

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total March 31, 2016	Total March 31, 2015 (Note 10 & 18)
ASSETS					
Current Assets					
Cash and short-term investments (Schedule 2)	$ 25,132,547	$ 855,630	$ 413,051	$ 26,401,227	$ 28,491,368
Accounts receivable					
Ministry of Health - general revenue fund	815,400	147,422	-	962,823	363,768
Other	932,944	1,990,411	-	2,923,356	3,121,690
Inventory	660,129	-	-	660,129	785,680
Prepaid expenses	179,637	-	-	179,637	187,512
	27,720,657	2,993,463	413,051	31,127,172	32,950,018
Long Term Assets					
Accounts receivable					
Ministry of Health - general revenue fund	-	104,086,472	-	104,086,472	32,567,597
Other	-	15,151,500	-	15,151,500	4,740,750
Investments (Note 2,Schedule 2)	2,007,926	-	-	2,007,926	2,007,828
Capital assets (Note 3)	-	235,465,814	-	235,465,814	149,590,804
TOTAL ASSETS	$ 29,728,583	$ 357,697,249	$ 413,051	$ 387,838,883	$ 221,856,998
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 5,814,101	$ -	$ -	$ 5,814,101	$ 5,517,478
Accrued salaries	3,202,679	-	-	3,202,679	2,479,910
Vacation payable	8,811,984	-	-	8,811,984	7,846,304
Mortgage payable - current (Note 5)	-	104,687	-	104,687	98,657
Deferred revenue (Note 6)	436,072	-	-	436,072	1,033,302
Co-ownership payable	-	-	-	-	923,385
Construction Holdback	-	-	-	-	154,128
Accrued mortgage interest	-	3,598	-	3,598	4,332
	18,264,836	108,285	-	18,373,121	18,057,496
Long term liabilities					
Mortgages payable (Note 5)	-	716,266	-	716,266	821,832
Employee future benefits (Note 11)	3,234,300	-	-	3,234,300	3,261,800
Obligations under long-term financing arrangements (Note 17)	-	119,237,972	-	119,237,972	37,308,347
TOTAL LIABILITIES	21,499,136	120,062,523	-	141,561,659	59,449,475
Fund Balances					
Investment in capital assets	-	234,641,262	-	234,641,262	148,255,540
Externally restricted (Schedule 3)	-	340,064	413,051	753,115	1,656,338
Internally restricted (Schedule 4)	-	2,653,399	-	2,653,399	2,704,838
Unrestricted (deficit)/surplus	8,229,447	-	-	8,229,447	9,790,808
TOTAL FUND BALANCES (Statement 4)	8,229,447	237,634,726	413,051	246,277,224	162,407,523
TOTAL LIABILITIES & FUND BALANCES	$ 29,728,583	$ 357,697,249	$ 413,051	$ 387,838,883	$ 221,856,998

Contractual obligations (Note 4)
Mortgages (Notes 5)
Pension Plan (Note 11)

Approved on behalf of the board of directors

Lyle Quintin - Board Chair

Pam Busby - Board Vice Chair

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS

for the year ended March 31, 2016

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2016	Actual 2016	Actual 2015	Capital Fund 2016	Community Trust fund 2016	Total 2016	Total 2015
REVENUES	(Note 12)		(Note 10)				(Note 10 & 18)
Ministry of Health - general revenue fund	$ 124,428,226	$ 125,665,081	$ 124,556,941	$ 74,453,719	$ -	$ 74,453,719	$ 65,919,984
Other provincial	256,524	250,212	359,376	-	-	-	-
Federal government	65,000	45,653	55,457	-	-	-	-
Patient & client fees	8,099,000	8,019,590	7,966,029	-	-	-	-
Out of province (reciprocal)	1,069,500	1,197,177	989,759	-	-	-	-
Out of country	31,000	91,047	31,389	-	-	-	-
Donations	75,000	44,264	65,607	1,791,643	-	1,791,643	493,627
Investment	310,000	285,012	407,179	39,422	3,545	42,967	71,981
Recoveries	1,489,004	2,298,786	1,600,824	-	-	-	-
Other	254,326	486,799	696,167	11,735,719	-	11,735,719	9,524,501
TOTAL REVENUES	136,077,580	138,383,600	136,728,729	88,020,503	3,545	88,024,048	76,010,093
EXPENSES							
Inpatient & resident services							
Nursing administration	$ 3,878,029	$ 3,604,710	$ 3,985,151	$ -	$ -	$ -	$ -
Acute	16,960,473	16,432,816	19,084,513	1,661,823	-	1,661,823	1,713,548
Supportive	17,219,553	17,972,114	18,188,274	1,419,287	-	1,419,287	930,764
Integrated	13,496,947	14,463,913	9,512,973	1,078,566	2,906	1,081,472	507,199
Mental health & addictions	1,607,163	1,706,247	1,643,580	-	-	-	-
Total inpatient & resident services	**53,164,165**	**54,179,799**	**52,414,491**	**4,159,676**	**2,906**	**4,162,582**	**3,151,511**
Physician compensation	**15,405,736**	**15,630,326**	**15,367,880**	-	-	-	-
Ambulatory care services	**2,922,533**	**3,110,297**	**3,014,924**	**209,887**	-	209,887	**92,833**
Diagnostic & therapeutic services	**12,503,146**	**12,127,362**	**11,978,700**	**882,988**	-	882,988	**424,691**
Community health services							
Primary health care	2,560,058	2,326,601	1,998,864	-	-	-	-
Home care	6,989,190	6,824,596	6,570,821	-	-	-	-
Mental health & addictions	3,367,484	3,064,197	2,963,624	-	-	-	-
Population health	2,974,830	2,882,168	3,044,111	-	-	-	-
Emergency response services	4,559,115	5,001,393	4,780,598	321,971	-	321,971	146,859
Other community services	1,354,968	1,504,843	1,209,055	-	-	-	-
Total community health services	**21,805,645**	**21,603,799**	**20,567,073**	**321,971**	-	**321,971**	**146,859**
Support services							
Program support	6,627,974	6,538,143	7,129,939	-	-	-	-
Operational support	22,363,784	22,993,922	22,116,244	-	-	-	-
Other support	1,262,997	784,312	320,201	-	-	-	-
Employee future benefits	-	(27,500)	(56,500)	-	-	-	-
Total support services	**30,254,755**	**30,288,876**	**29,509,884**	-	-	-	-
Ancillary	**21,600**	**20,112**	**22,281**	-	-	-	-
Total expenses (Schedule 1)	**136,077,580**	**136,960,570**	**132,875,212**	**5,574,522**	**2,906**	**5,577,428**	**3,815,894**
Excess (deficiency) of revenues over expenses	**$ -**	**$ 1,423,030**	**$ 3,853,517**	**$ 82,445,981**	**$ 639**	**$ 82,446,620**	**$ 72,194,199**
Interfund Transfers							
Building renovations		$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases/planning		(939,952)	(256,400)	939,952	-	939,952	593,937
SHC reserves		-	(8,867)	-	-	-	(116,329)
Capital equipment		(1,897,724)	(84,551)	1,897,724	-	1,897,724	303,760
Mortgage payments		(146,766)	(262,664)	146,766	-	146,766	858,180
Increase (Decease) in fund balances		**$ (2,984,442)**	**$ (1,639,548)**	**$ 2,984,442**	**$ -**	**$ 2,984,442**	**$ 1,639,548**
Fund balances, beginning of year		$ 9,790,808	$ 7,580,632	$ 152,204,303	$ 412,412	$ 152,616,715	$ 78,782,968
Fund balances, end of year		$ 8,229,447	$ 9,790,808	$ 237,634,726	$ 413,051	$ 238,047,777	$ 152,616,715

The accompanying notes and schdules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF REMEASUREMENT GAINS AND LOSSES

for the year ended March 31, 2016

Statement 3

		2016	2015
Accumulated remeasurement gains, beginning of year	$	6,783	$ 10,576
Unrealized gain (losses) attributed to:			
Investments		51	(3,793)
Realized gains (losses), reclassifed to statement of operations:			
Investments			
Designated fair value		-	-
Equity instruments		-	-
Net remeasurement gains for the year		51	(3,793)
Accumulated remeasurement gains (losses), end of year	$	6,834	$ 6,783

The accompanying notes and schedules are part of these consolidated financial statements.

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CHANGES IN FUND BALANCES

6or the year ended March 31, 2016

Statement 4

2016	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2016
Fund balance, beginning of year	9,790,808	152,204,303	412,412	-	162,407,523
Excess (deficiency) of revenues over expenses	1,423,030	82,445,981	639	-	83,869,650
Interfund transfers	(2,984,442)	2,984,442	-	-	-
Remeasurement gains (losses)	51	-	-	-	51
Fund balance, end of year	8,229,447	237,634,726	413,051	-	246,277,224

2015	Operating Fund	Capital Fund (Note 18)	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2015
Fund balance, beginning of year	$ 7,580,632	$ 78,374,291	$ 408,677	$ -	$ 86,363,600
Excess (deficiency) of revenues over expenses	3,853,517	72,190,464	3,735	-	$ 76,047,716
Interfund transfers	(1,639,548)	1,639,548	-	-	$ -
Remeasurement gains (losses)	(3,793)	-	-	-	$ (3,793)
Fund balance, end of year	$ 9,790,808	$ 152,204,303	$ 412,412	$ -	$ 162,407,523

The accompanying notes and schdules are part of these consolidated financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

for the year ended March 31, 2016

Statement 5

	Operating Fund		Restricted Fund			
	2016	2015 (Note 10)	Capital Fund	Community Trust Fund	Total 2016	Total 2015 (Note 10 & 18)
Cash provided by (used in):	**Operating Activities**		**Financing and investing activities**			
Excess of revenue over expenditure	$ 1,423,030	$ 3,853,517	$ 82,445,981	$ 639	$ 82,446,620	$ 72,194,198
Non-cash long-term accounts receivable						
Ministry of Health receivable	-	-	(71,518,875)	-	(71,518,875)	(32,567,597)
Other	-	-	(10,410,750)	-	(10,410,750)	(4,740,750)
Net change in non-cash working capital (Note 7)	2,088,489	(4,671,278)	(2,075,453)	2,500	(2,072,953)	(11,152,045)
Amortization of capital assets	-	-	4,778,503	-	4,778,503	3,110,809
Investment income on long-term investments	51	(3,793)	-	-	-	-
Loss on disposal of capital assets	-	-	664,405	-	664,405	292,348
	3,511,570	(821,554)	3,883,811	3,139	3,886,950	27,136,963
Capital Activities						
Purchase of capital assets						
Buildings/construction	-	-	(5,541,688)	-	(5,541,688)	(38,627,817)
Equipment	-	-	(3,846,604)	-	(3,846,604)	(996,290)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
	-	-	(9,388,292)	-	(9,388,292)	(39,624,107)
Investing activities:						
Purchase of long-term investments	(97)	(1,762,280)	-	-	-	-
Redemption of long-term investments	-	-	-	-	-	-
	(97)	(1,762,280)	-	-	-	-
Financing activities:						
Repayment of debt	-	-	(100,271)	-	(100,271)	(794,738)
Repayment of P3 arrangement	-	-	-	-	-	-
Net increase (decrease) in cash & short term investments during the year	3,511,473	(2,583,834)	(5,604,751)	3,139	(5,601,613)	(13,281,882)
Cash & short term investments, beginning of year	24,605,516	28,828,898	3,475,940	409,912	3,885,852	15,528,186
Interfund transfers	(2,984,442)	(1,639,548)	2,984,442	-	2,984,442	1,639,548
Cash and investments, end of year (Schedule 2)	$ 25,132,547	$ 24,605,516	$ 855,630	$ 413,051	$ 1,268,680	$ 3,885,852
Amounts in cash balances						
Cash and short-term investments	$ 25,132,547	$ 24,605,516	$ 855,630	$ 413,051	$ 1,268,681	$ 3,885,852

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2016

1. Legislative Authority

The Cypress Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Cypress Health Region, under section 27 of The Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under the *Income Tax Act of Canada):*

Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

The affiliate is not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act.*

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.

These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received if the amount to be received can be reasonably estimated and collection is reasonably assured.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a declining balance basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %
Assets under construction	0%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Asset Retirement Obligation

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the assets remaining useful life.

g) Employee Future Benefits

i) Pension plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expense all contributions it is required to make in the year.

iii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, long term receivable, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable and the long-term obligation to private sector partner are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2016 (2015 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

k) Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

l) Public private Partnership (P3) Project

During construction, the RHA records a portion of the calculated cost of the P3 project as construction in progress using the percentage of completion method and an equivalent long-term liability to the private sector partner. The cost is calculated using the present value of future capital repayments discounted using the Government of Saskatchewan's borrowing rate for long-term debt at the time the agreement is signed. Upon completion, the RHA amortizes the accumulated cost of the completed project over its useful life, expenses the annual imputed interest, and settles the long-term liability over the term of the project agreement.

As the project progresses, the RHA also records restricted revenue and a long-term account receivable from the Ministry of Health and local stakeholders equal to the cost of the percentage of the completed project. Upon completion of the project, the long-term receivable is collected over the term of the funding agreement.

3. Capital Assets

	March 31, 2016			March 31, 2015
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,534,293	$ -	$ 1,534,293	$ 1,534,293
Land Improvements	1,310,539	874,756	435,783	404,145
Buildings	123,858,311	30,077,847	93,780,464	50,528,509
Equipment	45,664,301	29,578,743	16,085,558	13,666,301
Information systems	937,326	661,220	276,106	306,784
Vehicles	1,683,507	1,455,524	227,984	284,980
Construction in Progress	123,125,626	-	123,125,626	82,865,792
	$ 298,113,903	$ 62,648,089	$ 235,465,814	$ 149,590,804

4. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2016, contractual obligations for the acquisition of capital assets were $127,448,497 (2015- $126,545,164).

Maple Creek Integrated Facility
Included in the contractual obligation is an amount for the remainder of the committed construction costs of the new integrated health facility in Maple Creek (2016 - $842,000; 2015 - $2,101,293).

Swift Current Long-term Care Facility
The majority of the contractual obligation is the P3 project for a new long-term care facility in Swift Current.

Under the P3 agreement with Plenary Health Swift Current Limited Partnership (Plenary), the RHA expects to make minimum annual capital payments as follows:

	Obligation Under Long-Term Financing Arrangement at March 31, 2016	Construction Acquisition Remaining at March 31, 2016	Construction payment	Life Cycle Payment	Total payment
Imputed Interest rate			3.5%		
Expiry Date			May 2047		
2017	$ 5,834,121	$ 230,454	$ 6,064,575	$ 41,000	$ 6,105,575
2018	6,364,496	251,404	6,615,900	50,000	6,665,900
2019	6,364,496	251,404	6,615,900	68,000	6,683,900
2020	6,364,496	251,404	6,615,900	105,000	6,720,900
2021	6,364,496	251,404	6,615,900	156,000	6,771,900
2022 and subsequent	159,642,770	6,306,055	165,948,825	18,322,000	184,270,825
Total minimum payments	190,934,875	7,542,125	198,477,000	18,742,000	217,219,000
Amount representing interest	71,696,902	2,832,102	74,529,004	-	74,529,004
Balance of the obligation	119,237,973	4,710,023	123,947,996	18,742,000	142,689,996

In addition, the RHA expects to make maintenance payments to Plenary as follows:

	Maintenance
2017	$ 1,296,000
2018	1,450,000
2019	1,486,000
2020	1,523,000
2021	1,561,000
2022 and subsequent	57,788,000
	$ 65,104,000

b) Operating Leases

The minimum annual payments under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

c) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2016 will continue to be contracted for the following fiscal year. Note 9 b) provides supplementary information on Health Care Organizations.

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Oustanding 2016	2015
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest	317,797	336,722
Herbert Nursing Home CMHC, due February 1, 2020	1.92%	$51,954 principal and interest	195,909	243,610
Prairie View Health Centre CMHC, due June 1, 2022	1.04%	$25,311 principal and interest	144,148	164,934
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	$25,484 principal and interest	163,098	175,223
			820,953	920,489
Less : Current Portion			104,687	98,657
			$ 716,266	$ 821,832

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2017	$ 104,687
2018	108,410
2019	112,571
2020	113,666
2021	69,537
2022 and subsequent	312,081
Total	$ 820,953

6. Deferred Revenue

As at March 31, 2106 Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
Ministry of Health Intitiatives				
Autism Occupational Therapist	$ 63,549	$ 63,549	$ -	$ -
PECS Basic Training (Autism)	11,227	-	-	11,227
Midwifery second attendants	15,216	-	-	15,216
CEC funding	45,000	45,000	-	-
LTC Action Fund	100,529	100,529	-	-
Acute Stroke Pathway	7,400	7,400		-
Compensation	334,535	334,535	-	-
Enhanced Dental Health	-	-	12,625	12,625
Total Sask Health	**$ 577,456**	**$ 551,013**	**$ 12,625**	**$ 39,068**
Non Ministry of Health Intitiatives				
ABI Program Funding	$ 39,705	$ 26,035	$ -	$ 13,670
Abbott Nutrition Services Education	3,000	-	4,702	7,702
Mental Health Conference	9,450	9,450	-	-
Regina Qu'Appelle - Autism funding	120,000	50,771	-	69,229
Regina Qu'Appelle - Primary Care Redesign	93,958	7,485	-	86,473
SUN Partnership funding	80,298	8,580	-	71,718
U of S Pharmacy Initiative	57,000	67,000	10,000	-
GE education for radiologists	18,685	-	-	18,685
McIntyre Family Foundation	4,750	4,750	-	-
Community Initiatives Fund	20,000	20,000	-	-
Literacy Network (Families and Play)	9,000	7,088	-	1,912
CIF - Food Securities	-		5,693	5,693
3S Hospira Smart Pump Project	-		61,521	61,521
Saskatchewan Cancer Agency - Oncology program	-		60,402	60,402
Total Other	**$ 455,846**	**$ 201,159**	**$ 142,318**	**$ 397,005**
Total Deferred Revenue	**$ 1,033,302**	**$ 752,172**	**$ 154,943**	**$ 436,073**

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2016	2015	Capital Fund	Community Trust Fund	Total 2016	Total 2015
(Increase) Decrease in accounts receivable	$ 181,444	$ (706,782)	$ (584,665)	$ 2,500	$ (582,165)	$ (531,628)
(Increase) Decrease in inventory	125,552	28,621	-	-	-	-
Decrease in prepaid expenses	7,875	(502)	-	-	-	-
Increase (Decrease) in accounts payable	709,899	(738,933)	(1,490,788)	-	(1,490,788)	(10,620,416)
Increase (Decrease) in accrued salaries	722,769	(2,191,219)	-	-	-	-
Increase (Decrease) in vacation payable	965,680	569,376	-	-	-	-
Increase (Decrease) in deferred revenue	(597,230)	(1,575,340)	-	-	-	-
(Decrease) in employee future benefits	(27,500)	(56,500)	-	-	-	-
	$ 2,088,489	$ (4,671,279)	$ (2,075,453)	$ 2,500	$ (2,072,953)	$ (11,152,044)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2016 $2,879 (2015 - $31,152). These amounts are reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Minister of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2016	2015
Revenues		
3sHealth	$ 157,838	$ 87,172
Saskbuilds Coporation	41,330	98,500
Saskatchewan Government Insurance	71,643	96,199
University of Saskatchewan	42,159	34,725
Worker's Compensation Board (Saskatchewan)	904,057	240,671
Related Party Revenues	$ 1,217,027	$ 557,267
Expenditures		
3sHealth	$ 3,881,960	$ 3,647,429
eHealth	136,956	244,023
Minister of Finance	182,628	124,380
Ministry of Government Services	602,420	724,994
Public Employees Pension Plan	165,688	172,715
Regina Qu'appelle Health Region	698,489	803,688
Saskatchewan Health Employees Pension Plan	5,951,490	5,562,586
Saskatchewan Polytechnic	7,746	-
SaskEnergy Incorporated	543,170	497,477
Saskatchewan Power Corporation	872,431	928,883
Saskatchewan Telecommunications Holding Corporation	782,035	468,748
Saskatchewan Government Insurance	15,857	11,015
Saskatoon Health Region	3,723	41,508
Worker's Compensation Board (Saskatchewan)	910,868	1,114,328
Related Party Expenditures	$ 14,755,461	$ 14,341,774
Accounts Payable		
3sHealth	$ 48,800	$ 360,409
eHealth	9,230	36,607
Minister of Finance	33,949	23,849
Ministry of Government Services	49,750	67,749
Public Employees Pension Plan	-	6,417
Regina Qu'appelle Health Region	58,800	152,523
Saskatchewan Health Employees Pension Plan	-	431,597
SaskEnergy Incorporated	59,089	46,226
Saskatchewan Power Corporation	76,395	60,159
Saskatchewan Telecommunications Holding Corporation	352,960	42,053
Worker's Compensation Board (Saskatchewan)	179,650	135,579
Related Party Payable	$ 868,623	$ 1,363,168

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2016	2015
McKerracher Support Services Inc	$ 131,685	$ 130,378
Canadian Mental Health Association	147,164	145,707
Gull Lake Ambulance	251,406	218,541
Ponteix Ambulance	273,374	255,183
Val Marie Ambulance	151,515	148,717
Frontier Ambulance	217,005	211,581
Swift Current Ambulance	1,170,030	1,051,903
	$ 2,342,179	$ 2,162,010

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by a privately owned affiliate. The Act requires the affiliate to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over the affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administration function with the affiliate.

The following presentation discloses the amount of funds granted to the affiliate:

	2016	2015
Foyer St. Joseph Nursing Home		
- Operating grant	$ 1,873,011	$ 1,840,684
- Capital grant	-	71,233
Total funding	$ 1,873,011	$ 1,911,917

The Ministry of Health requires additional reporting in the following audited financial summaries of the affiliate entities for the years ended March 31, 2016 and 2015

	Total 2016 (audited)	Total 2015 (audited)
Balance Sheet		
Assets	$ 1,176,339	$ 1,130,651
Net Capital Assets	564,556	615,832
Total Assets	$ 1,740,895	$ 1,746,483
Total Liabilities	$ 163,302	$ 185,331
Total Net Assets (Fund Balances)	1,577,593	1,561,152
Total Liabilities & Fund Balances	$ 1,740,895	$ 1,746,483
Results of Operations		
RHA Grant	$ 1,873,011	$ 1,911,917
Other Revenues	480,685	482,919
Total Revenue	2,353,696	2,394,836
Salaries & Benefits	2,055,666	2,035,338
Other Expenses	322,874	309,597
Total Expenses	$ 2,378,540	$ 2,344,935
Excess Revenue over Expenses	$ (24,844)	$ 49,901
Cash Flows		
Cash from Operations	$ 56,800	$ 97,236
Cash used in Financing Activities	(23,083)	(237,112)
Cash provided by (used in) Investing Activities	37,815	(616,903)
Increase/(Decrease) in Cash	$ 71,532	$ (756,779)

iii) Fundraising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. During the year the Foundation provided the RHA with $1,703,313 (2015 - $301,317).

10. Comparative Information

Certain 2014-15 balances have been reclassified to conform to the current year's presentation.

11. Employee future benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required contributions to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2016				2015
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	1,425	-	14	1,439	1,407
Member contribution rate, percentage of salary	8.1 - 10.7%*	-	5.00 - 7.00%*		
RHA contribution rate, percentage of salary	9.072 - 11.984%		5.00 - 7.00%		
Member contributions	5,312,472	-	70,649	5,383,121	5,433,081
RHA contributions	5,950,143	-	70,649	6,020,792	6,074,441

*Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leaves of absence as of March 31, 2016
Inactive members are not reported by the RHA, their plans are transferred to SHEPP and directly managed by them.

Pension plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined decificiency is the responsibility of participating employers and employees in the ratio 1.12 to 1.
Contribution rates will continue to increase until the next actuarial reports are completed.

b) Disability Income Plans:

Employees of the RHA participate in one of the following disability income plans, administered by 3sHealth:

1. General established in 1975
2. SEIU established in 1975 – affiliated with the Service Employees International Union
3. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in the Compensation – benefits in Schedule 1 and is equal to the RHA contribution amount below

	2016				2015
	General	SEIU	SUN	Total	Total
Number of active members	185	950	275	1,410	1,162
Member contribution rate, percentage of salary	0.60% - 0.70%	1.39%	0.97%		
RHA contribution rate, percentage of salary	0.07% - 0.08%	1.39%	1.13%		
Member contributions	101,051	452,950	136,502	690,503	749,135
RHA contributions	109,899	452,950	160,242	723,091	788,360

c) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2016. Key assumptions used as inputs into the actuarial calculation are as follows:

	2016	2015
Discount rate	2.40%	1.90%
Rate of inflation		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over		
- 0.0% per annum, plus 2.0% per annum for SUN members at 20 years or service		

	2016	2015
Accrued benefit obligation, beginning of year	$ 3,261,800	$ 3,318,300
Cost for the year		
Interest Expense	66,600	95,900
Other	423,900	380,400
Benefits paid during the year	(518,000)	(532,800)
Accrued benefit obligation, end of year	$ 3,234,300	$ 3,261,800

12. Budget

The RHA Board approved the 2015-16 budget plan (motion #11-15/16) on May 27, 2015. The budget information is unaudited.

13. Financial Instruments

a) Significant terms and conditions:

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Financial risk management:

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk:

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

Cash and short-term investments	$ 26,401,228	$28,491,368
Curent Accounts receivable		
Ministry of Health - General Revenue Fund	962,823	363,768
Other	2,923,356	3,121,690
Investments	2,007,926	2,007,828
Long-term Accounts receivable		
Ministry of Health - General Revenue Fund	104,086,472	32,567,597
Other	15,151,500	4,740,750
	$151,533,305	$71,293,001

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with the reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA surplus funds earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2016 and 2015 have fixed interest rates. Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, the interest rates on the investments held by the RHA bare minimal risk and therefore the overall risk to the health region due to fluctuating interest rates is minimal.

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of $25,929,637 (2015 - $28,027,361).

f) Fair value:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - accounts receivable
  - accounts payable
  - accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market values.
- The fair value of mortgages payable and long-term debt and long-term obligations to the private sector partner before the repayment required within one year is $124,788,978 (2015 - $124,889,392) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs.

There were no items transferred between levels in 2016 or 2015.

	2016			2015		
	Level1	Level 3	Total	Level1	Level 3	Total
Investments	2,007,926	-	2,007,926	2,007,828	-	2,007,828
Mortgage Payable	820,953	-	820,953	920,489	-	920,489
Long-term Obligations	-	119,237,972	119,237,972	-	37,308,347	37,308,347

g) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit limit of $1,000,000 (2015 - $1,000,000) with an interest charged at prime less 1/2%, which is re-negotiated annually. The line-of-credit is secured by RHA assets. Total interest paid on the line-of-credit in 2016 was $ nil (2015 - $ nil). This line-of-credit was approved by the Ministry.

14. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $413,051
(2015 - $412,412) under these agreements.

Following is the status of the trust funds at March 31, 2016:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered.

15. Pay for Performance:

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 to 2016-17 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 to 2016-17.

16. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract expired March 31, 2014. At March 31, 2016 a tentative four-year agreement had been signed and was ratified on April 20, 2016. The Health Sciences Association of Saskatchewan (HSAS) contract is in effect until March 31, 2017. The Service Employees International Union (SEIU) contract is in effect until March 31, 2017.

17. Long-term Obligations to Private Sector Partner

During 2015, the RHA entered into a P3 arrangement with Plenary Health Swift Current Limited Partnership for the construction of the Swift current Long Term Care facility. The change in the obligation during 2014-15 was as follows:

	March 31, 2015
Balance, beg. of year	$ 37,308,347
Additions	81,929,625
Payments	-
Balance, end of year	$ 119,237,972

Refer to note 4a) for repayment terms and amounts.

18. Co-ownership Error

The RHA and Ministry of health signed a co-ownership agreement on January 30, 2013 to construct a capital asset to be co-owned by both parties. The RHA has been accounting for its 23.4% share of the co-owned capital asset. These financial statements reflect 100% of the co-owned capital asset accounted for retroactively. Comparative figures have been restated by $32.3 million.

At April 1, 2015, the capital fund was adjusted as follows:

	2015 previously recorded as	2015 restated
ASSETS		
Capital Assets	117,277,368	149,590,804
Total Assets	159,614,823	191,928,259
LIABILITIES AND FUND BALANCES		
Investment in capital assets	115,942,104	148,255,540
Total fund Balances	119,890,867	152,204,303
TOTAL LIABILITIES AND FUND BALANCES	159,614,823	191,928,259
REVENUES		
Ministry of Health - GRF	33,606,548	65,919,984
Total Revenues	43,692,920	76,006,355

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

Schedule 1

for the year ended March 31, 2016

	Budget 2016	Actual 2016	Actual 2015
Operating:			
Advertising & public relations	$ 45,100	$ 34,760	$ 34,535
Board costs	130,000	59,838	76,693
Compensation - benefits	15,274,289	14,582,046	14,489,412
Compensation - salaries	80,499,338	80,935,453	77,358,629
Compensation - employee future benefits	-	(27,500)	(56,500)
Continuing education fees & materials	207,822	196,853	506,188
Contracted-out services - other	2,607,545	2,469,904	2,422,056
Diagnostic imaging supplies	49,400	60,912	51,272
Dietary supplies	57,750	33,654	24,803
Drugs	1,322,120	1,419,727	1,361,951
Food	1,992,072	2,189,169	2,038,200
Grants to ambulance services	1,879,783	2,053,830	1,912,175
Grants to health care organizations & affiliates	2,191,250	2,170,280	2,116,769
Housekeeping & laundry supplies	752,048	919,161	858,592
Information technology contracts	733,870	625,713	750,301
Insurance	260,000	269,961	255,992
Interest	12,500	11,504	8,781
Laboratory supplies	1,177,319	1,103,825	1,102,018
Medical & surgical supplies	2,880,734	2,933,979	2,878,103
Medical remuneration & benefits	14,331,301	14,499,707	14,254,680
Office supplies & other office costs	1,115,950	1,010,817	1,046,448
Other	618,826	565,402	668,952
Professional fees	723,495	706,410	768,210
Prosthetics	425,000	324,448	419,181
Purchased salaries	-	153,737	162,200
Rent/lease/purchase costs	732,915	1,383,945	1,181,847
Repairs & maintenance	2,630,315	3,042,838	2,752,138
Supplies - Other	237,757	196,560	206,772
Travel	1,269,781	1,122,499	13,498,368
Utilities	1,919,300	1,911,138	1,874,976
Total Operating Expenses	$ 136,077,580	$ 136,960,570	$ 132,875,212
Restricted:			
Amortization		$ 4,778,503	$ 3,110,809
Loss/(Gain) on disposal of fixed assets		664,405	292,348
Mortgage interest expense		47,230	78,479
Other		87,290	334,258
		$ 5,577,428	$ 3,815,894

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF CONSOLIDATED INVESTMENTS

as at March 31, 2016

Schedule 2

	Fair Value	Maturity	Effective Rate
Restricted Investments			
Cash and Short Term			
Chequing and Savings :			
Concentra	$ 855,630		
Royal Bank (Shaunavon)	63,350		
Sandhills Credit Union (Leader)	59,623		
Credit Union (Eastend)	7,759		
Royal Bank (Climax)	26,850		
CIBC (Mankota)	60,784		
	$ 1,073,996		
Short Term Investments:			
Eastend Credit Union	$ 149,982	03/25/2017	1.55%
CIBC (Mankota)	44,310	06/13/2016	1.30%
Various Membership Equities	393		
	$ 194,685		
Total Cash & Short Term Investments	$ 1,268,680		
Total Restricted Investments	**$ 1,268,680**		
Unrestricted Investments			
Cash and short term			
Chequing and Savings :			
Concentra	$ 24,790,977		
Petty Cash	5,730		
Petty Cash (Trust)	1,250		
RBC Dominion Securities	57,683		
BMO Nesbitt Burns	1		
	$ 24,855,641		
Short Term Investments			
BMO Trust GIC	76,906	01/12/17	1.51%
Candaian Western Bank GIC	100,000	01/12/17	1.55%
Home Trust Company GIC	100,000	01/12/17	1.61%
	$ 276,906		
Total Cash & Short Term Investments	$ 25,132,547		

Long Term

Canada Savings Bond	45,093	11/01/16	0.50%
Canada Savings Bond	200,414	11/01/17	0.50%
Various Membership Equities	10,045		
B2B Bank GIC	48,672	01/23/18	1.90%
Bank of Nova Scotia GIC	48,650	01/23/18	1.66%
CDN Western Bank GIC	48,667	01/23/18	1.85%
Equitable Bank GIC	48,658	01/23/18	1.75%
HSBC Bank Canada GIC	48,654	01/23/18	1.70%
Homequity Bank GIC	48,667	01/23/18	1.85%
Home Trust Company GIC	48,685	01/23/18	2.05%
Tangerine Bank GIC	48,649	01/23/18	1.65%
Korea Exchange Bank GIC	48,649	01/23/18	1.65%
Laurentian Bank GIC	48,672	01/23/18	1.90%
LBC Trust GIC	48,672	01/23/18	1.90%
Manulife Bank CDA GIC	48,654	01/23/18	1.70%
Manulife Trust GIC	48,654	01/23/18	1.70%
Montreal Trust CDA	48,650	01/23/18	1.66%
Natcan Trust Company GIC	48,649	01/23/18	1.65%
Nat'l Bank of Canada GIC	48,649	01/23/18	1.65%
Peoples Trust GIC	48,667	01/23/18	1.85%
Pacific & Western GIC	48,667	01/23/18	1.85%
B2B Bank GIC	48,690	01/23/20	2.10%
Bank of Nova Scotia GIC	48,690	01/23/20	2.10%
Canadian Tire Bank GIC	48,690	01/23/20	2.10%
CDN Western Bank GIC	48,694	01/23/20	2.15%
CDN Western Trust GIC	48,690	01/23/20	2.10%
Equitable Bank	48,694	01/23/20	2.15%
Homequity Bank GIC	48,703	01/23/20	2.25%
Home Trust Company GIC	48,712	01/23/20	2.35%
ICICI Bank Canada GIC	48,694	01/23/20	2.15%
Korea Exchange Bank GIC	48,694	01/23/20	2.15%
Laurentian Bank GIC	48,690	01/23/20	2.10%
LBC Trust GIC	48,690	01/23/20	2.10%
Manulife Bank CDA GIC	48,694	01/23/20	2.15%
Manulife Trust GIC	48,694	01/23/20	2.15%
Natcan Trust Company GIC	48,691	01/23/20	2.11%
Nat'l Bank of Canada GIC	48,691	01/23/20	2.11%
Peoples Trust GIC	48,694	01/23/20	2.15%
Pacific & Western GIC	48,694	01/23/20	2.15%

Total Long Term Investments	$ 2,007,926
Total Unrestricted Investments	**$ 27,140,474**
Total Investments	**$ 28,409,154**

Restricted & Unrestricted Totals	
Total Cash & Short Term	$ 26,401,228
Total Long Term	2,007,926
Total Investments	**$ 28,409,154**

Restricted Investments consist:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the capital fund (Schedule 4)
- Donations and internally restricted reserves

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
for the year ended March 31, 2016

Schedule 3

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance, beginning of year	Investment & Other Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Non-Government of Sask Intiatives						
Shaunavon Hospital & Care Centre	$ 62,839	$ 510	$ -	$ -	$ -	$ 63,349
Eastend Wolf Willow Health Centre	155,847	2,288	-	-	-	158,135
Prairie View Health Centre (Mankota)	104,969	531	2,500	(6)	(2,900)	105,094
Leader Hospital	51,836	-	-	-	-	51,836
Border Health Centre	26,634	216	-	-	-	26,850
Western Senior Citizens Home	7,787	-	-	-	-	7,787
Mankota Trust Loan	2,500	-	-	-	(2,500)	-
Total Non-Government	**412,412**	**3,545**	**2,500**	**(6)**	**(5,400)**	**413,051**
Total Community Trust Fund	**$ 412,412**	**$ 3,545**	**$ 2,500**	**$ (6)**	**$ (5,400)**	**$ 413,051**

CAPITAL FUND

	Balance, beginning of year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Assets Fund Balance	Balance, end of of year
Non-Government of Sask Intiatives						
Donations	$ 1,243,925	$ 69,508	$ -	$ (973,369)	$ -	$ 340,064
Total Non-Government	**$ 1,243,925**	**$ 69,508**	**$ -**	**$ (973,369)**	**$ -**	**$ 340,064**
Total Capital Fund	**$ 1,243,925**	**$ 69,508**	**$ -**	**$ (973,369)**	**$ -**	**$ 340,064**
Total Externally Restricted Funds	**$ 1,656,337**	**$ 73,052**	**$ 2,500**	**$ (973,375)**	**$ (5,400)**	**$ 753,115**

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES

for the year ended March 31, 2016

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of of year
CMHC Replacement Reserves						
Gull Lake Special Care Centre	$ 97,534	$ 1,656	$ -	$ -	$ -	$ 99,190
Herbert Nursing Home	103,975	1,765	-	-	-	105,740
Western Senior Citizen Home	77,661	1,318	-	-	-	78,979
Total CMHC	$ 279,170	$ 4,739	$ -	$ -	$ -	$ 283,909
Other Internally Restricted Funds						
Saskatchewan Health Restricted						
SHIN Capital Fund	172,309	-	-	-	-	172,309
Infastructure Funding Fiscal 2008-09	958,917	-	-	(267,300)	-	691,616
Maple Creek Facility funding	354,653	2,738	-	(336,910)	-	20,481
Infastructure Funding Fiscal 2010-11	86,476	-	-	(86,476)	-	-
Surgical Capital Funding Fiscal 2010-11	72,394	-	-	(72,394)	-	-
Infastructure Funding Fiscal 2013-14	187,529	-	-	(81,350)	-	106,179
Equipment Funding Fiscal 2014-15	326,459	-	-	(194,497)	-	131,961
Infastructure Funding Fiscal 2014-15	250,000	-	-	(250,000)	-	-
Infastructure Funding Fiscal 2015-16	-	-	171,000	-	-	171,000
Leader Facility Funding	-	-	104,428	-	-	104,428
Capital Pressures Funding	-	-	424,000	-	-	424,000
Region restricted						
Eastend Wolf Willow Health Centre	16,930	-	-	(16,930)	-	-
Capital Rebate	-	-	527,514	-	-	527,514
Swift Current Long Term Care Commitments	-	-	20,000	-	-	20,000
Total Internally Restricted Funds	$ 2,704,838	$ 7,477	$ 1,246,942	$ (1,305,858)	$ -	$ 2,653,399

CYPRESS REGIONAL HEALTH AUTHORITY

BOARD MEMBER REMUNERATION

Schedule 5

for the year ended March 31, 2016

RHA Members	2016 Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	2016 Total
Bragg, Tyler - chair	$ 4,150	$ 4,909	$ 930	$ -	$ 1,713	$ 443	$ 12,146	$ 34,537
Busby, Pamela - vice chair	-	3,400	1,034	-	2,127	149	6,710	6,924
Heeg, Ronald	830	2,700	-	-	-	-	3,530	2,899
Lewis, Donald	-	2,325	491	-	1,206	85	4,106	4,982
Quintin, Lyle - chair	5,810	4,851	895	-	723	400	12,678	2,446
Smith, Judy	-	2,450	944	-	1,827	129	5,350	7,110
Stephens, Larry	-	3,475	238	-	460	-	4,173	4,181
Whiteside, Brian	-	2,300	-	-	-	70	2,370	2,183
Wilson, Terry	-	2,850	75	-	-	69	2,994	3,177
Total	$ 10,790	$ 29,260	$ 4,606	$ -	$ 8,056	$ 1,346	$ 54,058	$ 68,439

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

for the year ended March 31,2016

Senior Employees	2016 Salaries 1	Benefits and Allowances 2	Sub-total	Severance Amount	Total	2015 Salaries, Benefits and Allowances	Severances	Total
Beth Vachon - CEO	$ 297,611	$ 810	$ 298,421	$ -	$ 298,421	$ 293,002	$ -	$ 293,002
Kim Kruse - Director	69,199	810	70,009	-	70,009	70,009	-	70,009
Bryce Martin - Vice President	147,488	-	147,488	-	147,488	134,800	-	134,800
Beth Adashynski - Vice President	177,454	810	178,264	-	178,264	155,786	-	155,786
Larry Allsen - CFO & Vice President	195,022	-	195,022	-	195,022	196,171	-	196,171
Brenda Schwan - Vice President	250,306	-	250,306	-	250,306	233,048	-	233,048
Gloria Illerbrun - Vice President	192,681	800	193,481	-	193,481	207,041		207,041
Dr. David Torr - Medical Health Officer	218,508	-	218,508	-	218,508	193,720	-	193,720
Dr. I Radevski - Senior Medical Officer	306,754	-	306,754	-	306,754	288,261	-	288,261
Total	$ 1,855,022	$ 3,230	$ 1,858,252	$ -	$ 1,858,252	$ 1,771,838	$ -	$ 1,771,838

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. The Pay for Performance compensation plan has ben suspended for the 2014-15 and 2015-16 fiscal years. Senior employees will receive 100% of their base salary for 2014-15 and 2015-16. Refer to note 15 for further details

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: profesional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

APPENDIX A:

ORGANIZATIONAL CHART

*As of January 1, 2016

APPENDIX B:

PAYEE DISCLOSURE LISTS

As part of their commitment to accountability and transparency, the Ministry of Health and the Cypress Health Region disclose payments by payee for the 2015-16 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees (individuals, affiliates, and other organizations) requiring disclosure and for the 2015-16 fiscal year the minimum threshold has been maintained at $50,000.

The *Payee Disclosure Lists* include payments for the following categories, with information to be included as follows:

- ***Personal Services*** – stated amounts include all payments made to individuals throughout the fiscal year and ***are not restricted to base salary payments***. Payments to individuals who are unionized or non-unionized employees and contracts where an 'employee/employer' relationship has been established are included in this list. The recorded amounts include regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, any other direct cash remuneration including sick leave, vacation, short-term disability, and differentials which total $50,000 or more.
    - ***Contracts*** – the total amount paid (over the threshold) if an 'employee/employer' relationship exists. If the relationship does not exist and the payment is over the minimum threshold, the amount is reported as a 'Supplier Payment'.
- ***Supplier Payments*** – payees who received $50,000 or more for the provision of goods and/or services, including supplies, contracts, and equipment; contracts over the minimum threshold of contacts where an 'employer/employee' relationship does not exist.
- ***Transfers*** – listed, by program, transfers to recipients who received $50,000 or more for program grants, funding, foundations, donations, sponsorships, and Health Care Organizations.

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

ABRERA	BRIGIDA	52,286
ACHTER	ANGIE	77,912
ADAMSKA	TERESA	99,592
ADASHYNSKI	BETH	159,896
ADDAI	MATILDA	96,446
ADDAI	STEPHAN	326,957
ADWEDAA	EBENEZER	285,035
AHMODU	OLORUNFEMI	457,240
AKINFIRESOYE	ALEXANDRA	83,203
AKOO	CHAMAN	69,852
AKPOIGBE	OKEOGHENE	89,312
ALBRECHT	AUDREY	50,787
ALDAG	MARLENE	126,589
ALLSEN	LARRY	181,286
AMAN	KAREN	68,134
AMAN	RALPH	98,468
AMUNDSON	SIBRENA	59,104
AN	JI HOON	93,526
ANDERSON	IRENE	66,009
ANDERSON	MARY	93,710
ANDREAS	DAPHNE	81,505
ANDREAS	SARA	72,227
ANDRES	TERRI	55,234
ANDREW	BRANDY	54,419
ANDREWS	BRITNY	71,314
ANTON	WANDA	51,997
APPLEBY	CHERI LYN	51,875
ARMSTRONG	JENNIFER	91,193
ARMSTRONG	SHANNA	51,299
ARMSTRONG	SHANNON	109,191

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more

ARNOLD	CORINNE	97,831
ASHTEKAR	VEEJAY	410,306
BAAN	SUZANNE	73,904
BAIN	GORDON	60,383
BALDERSON	CODY	78,829
BALFOUR	MICHELLE	51,584
BANKS	MALCOLM	61,814
BANMAN	LEANNE	81,583
BARKER	BETTY	59,932
BARRETTO	IGNACIO	254,259
BARTLETT	ASHLEY	75,086
BELETIC	ELIZABETH	112,746
BERG	DOROTHY	56,307
BERG	KAREN	56,909
BERG	NYLA	50,391
BEVERLY	SUSAN	50,833
BIDOCHKA	ALISON	89,258
BIDWELL	TELEAH	90,508
BIDWELL	TERRAH	51,773
BILANSKI	ERNA	98,426
BISCHOFF	PAMELA	83,300
BISHAY	THARWT	324,531
BISSONNETTE	DEBORAH	94,202
BLOHM	LAURA	75,035
BOLDING	LAUREEN	54,808
BOLLMAN	JULIE	95,425
BOLTON	ERIN	87,099
BOOTH	DWIGHT	128,534
BORUCH	SHEILA	68,967
BOURLON	ARMANDE	75,474

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

BOUTILIER	BRADLEY	85,152
BRAATEN	DAWN	68,056
BRADFORD	SARAH	98,589
BRAUN	KAREN	71,933
BREHM	KAREN	114,757
BREHM	SHANE	89,577
BRIDAL	LINDA	86,141
BRIERE	CLAUDE	69,802
BRIGGS	LEAH	84,991
BROWN	LANA	102,925
BROWN	LYNETTE	61,580
BROWN	PATRICIA	91,976
BROWNE	GRANT	106,795
BRUNEAU	KELLY	54,161
BRYAN	KYLA	65,339
BRYNGELSON	CHERYL	102,025
BURNETT	WANDA	57,634
BURTON	VALERIE	75,118
BYE	LISA	69,026
BYMOEN	BETTY ANN	67,906
CAISSIE	WENDY	76,946
CAMERON	KATHERINE	109,989
CAMMER	NOREEN	53,829
CAMPBELL	CAMILLE	64,584
CAMPHAUG	KLANCI	72,800
CARIGNAN	MELISSA	114,579
CARLETON	FAUNA	56,537
CARLETON	GLENDA	79,167
CARON	PENNI SUE	67,046

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

CARTWRIGHT	CHARLOTTE	72,767
CASHIN	RICHARD	134,847
CEDERHOLM	SUSAN	106,764
CHABOT	PAMELA	51,729
CHABOT	CHANTELLE	73,251
CHISHOLM	DONNA	60,479
CHISHOLM	JOHN	87,622
CLERMONT	JEAN	50,253
COCHRANE	IDA	74,570
COLE	HEATHER	74,866
CONEYS	DAVID	97,538
CORBIN	MICHAEL	88,091
COREY	CRYSTAL	79,391
CROCKETT	SHARON	54,577
CRONAN	CARLA	84,310
CROSS	DENISE	58,120
CROZIER	SHELLY	69,180
CUNNINGHAM	GAIL	91,254
CUPPLES	LYNN	54,060
CUTHBERT	MEGAN	76,339
CUTHBERT	JANNA	156,263
DAHL	DENNIS	51,063
DAVIS	LYRIS	87,827
DAWSON-BRIERE	SHELLEY	103,602
DE KLERK	HEIN	204,672
DEBRUYNE	BONNIE	51,059
DEG	KAITLYN	58,949
DEG	ARLENE	66,085
DEKOWNY	PATRICIA	74,562

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

DEL VICARIO	LAURA	267,804
DELA CRUZ	GISELLE	53,028
DEMPSEY	CHRISTINE	111,436
DENESOVYCH	CONSTANCE	52,752
DENMAN	ALICE	96,455
DEOBALD	KATELYN	59,961
DEOBALD	MARLENE	89,912
DERKSEN-KROEKER	KATHY	71,028
DESHAIES	MARIE	100,165
DESJARDINS	SUSAN	90,619
DIDUCK	DARUSIA	93,394
DOYLE	KAITLIN	82,614
DRISCOLL	JOAN	50,343
DRUMMOND	CINDY	117,235
DUECK	BONITA	53,563
DUECK	BRENDA	85,007
DUECK	BARRY	89,058
DUFF	CORINNE	129,517
DUNCAN	TAMMY	108,803
DUNCOMBE	GAIL	107,304
DUPERRE	ANNA	52,305
DURANT	MARILYN	85,562
DYCK	NANCY	53,796
DYCK	CHRISTINE	60,503
DYCK	LARRY	63,539
DYCK	DAWN	86,596
DYCK	RYAN	89,088
DYCK	LORIE	93,701
DYCK	SHANTEL	94,396

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

EDDY	CAROL	99,995
EGLAND	JANETTE	51,099
EIDSNESS	RUTH	107,782
EISENZIMMER	ROSALIE	51,724
ELDIE	JOAN	50,834
ELLIOTT	CRYSTAL	76,835
ELLIOTT-POHL	CHELSEA	91,412
ELSASSER	RAYLENE	113,658
EMPEY	STACIE	73,237
ENTEM	CATHERINE	65,128
ENTZ	ROSA	50,814
ERDAHL	KRISTY	56,584
ERUVWETAGHWARE	JEFFREY	83,575
EWEN	CLAYTON	64,204
FADDEN	MARILYN	56,743
FAKHIR	SHAMSUDDIN	535,207
FEASBY	JESSICA	69,102
FEHR	PATRICIA	53,996
FEHR	STEPHANIE	61,608
FEHR	HELEN	123,973
FEIL	ROXANNE	63,747
FENSOM	BENJAMIN	73,548
FERRER MINGMING	MARIA JEA	59,972
FESCHUK	MELANIE	109,600
FINLAY	LAURIE	77,070
FISHER	CARMEN	50,280
FITZSIMONDS	CAROLE	61,393
FLATERUD	FLORENCE	91,304
FLEURY	TYLER	71,852

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

FLEURY	BRENDA	100,668
FLEURY	DEAN	108,154
FLYNN	PENNY	74,502
FOLBAR	AGNES	55,163
FORBES	LORRAINE	50,178
FORTMAN	SANDRA	80,190
FOSTER	MARLA	64,023
FREDERICK	SHANNON	80,110
FRIESEN	MARGARET	52,866
FRIESEN	YVETTE	78,866
FRIESEN	MARLENE	80,253
FRITZ	BONNIE	53,220
FROBERG	DARLENE	71,931
FROEHLICH	CINDY	92,657
FROESE	JULIE	60,302
FROYMAN	DEBRA	71,030
FRY	JULIA	63,121
FUNK	LADONNA	54,866
FUNK	LINDSAY	72,659
GADER	LARISSA	82,811
GAFF	AILEEN	54,422
GARCIA	FRANCISCO	563,606
GARDNER	TERRY	70,584
GARIES	JOHN	74,108
GARIES	ELAINE	79,982
GARIES	ASHLEY	87,914
GARRECHT	JEANETTE	53,485
GARRETT	MICHELE	86,164
GATES	JILL	79,677

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

GATES	GLENDA	114,465
GATZKE	JASON	269,808
GERARD	YOLANDE	57,510
GERLACH	CHRISTINA	59,712
GIASSON	TAMMI	88,770
GIESBRECHT	BRIANNE	64,281
GIESBRECHT	ANGELA	81,316
GIESBRECHT	BRADFORD	83,344
GILCHRIST	JILLIAN	51,996
GILLANDERS BELL	TARA	96,267
GILLIS	DOROTHY	53,240
GLAS	ASHLEY	85,472
GODDARD	SUSANNE	62,085
GOLD	KARLA	104,391
GOLDEN	BARBARA	94,582
GOLDIE	GAIL	66,523
GONZALES	BOBBY	54,864
GORDON	MARIANNE	88,254
GOUDY LODOEN	LAURA	109,738
GOVENDER	RAJAN	376,062
GRAHAM	ALYSSA	66,445
GRANT	TANYA	86,725
GRANT	JANELL	93,237
GRANT	GREGORY	125,794
GREEN	STEPHANIE	96,814
GREENLAY	SHARLEEN	53,958
GROVES	BRENDA	114,776
GUIAO	MELINDA	76,802
HAIDT	NICOLETTE	92,137

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

HALDERMAN	PEOTTA	93,522
HALL	TRISHA	77,939
HALLMAN	DAVID	107,722
HALVORSON	CINDY	74,062
HAMILTON	KATRINA	72,648
HAMM	DONNA	75,854
HAMPTON	DEZIREE	74,546
HANNA	MEGHAN	69,458
HANNA	SHANNON	74,956
HANNAH	KERRI LYN	96,345
HANSON	REANNE	55,825
HARDER	MYRNA	72,913
HARDY	TRICIA	102,519
HAROLDSON	JENNA	57,564
HARRISON	YOLANDA	69,215
HARRISON	SARAH	126,090
HART	DEBORAH	51,597
HART	SHELLY	103,974
HAUBRICH	YVONNE	91,620
HEDSTROM	JOCELYN	51,983
HEINRICHS	LORRAINE	116,980
HENDERSON	CHANTAL	105,536
HENNIG	JENNIFER	95,303
HERMIZ MARKHO	ALEN	83,397
HERTER	MELISSA	59,951
HIEBERT	SHEILA	50,180
HILDEBRAND	CAROLYN	59,550
HILDEBRAND	CAROL	107,763
HILTS	ELAINE	88,932

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

HITTEL	CLARA	87,836
HODGSON	MARYANN	104,351
HOLDERBEIN	SHARLENE	74,821
HOLMES	PEGGI	107,343
HOLOHAN	ADRIANA	99,210
HOQUE	MOHAMMED	344,842
HORAN	CHERIE	77,716
HORNUNG	SHERRY	122,505
HORST	SHELLY	51,750
HOUDE	IRENE	58,393
HOVDESTAD	RENEE	110,642
HOWDEN	ROBIN	83,270
HOWELL	MARY ROSE	63,993
HUNTER	TIMOTHY	86,489
HUXTED	JENNIE	55,358
HYATT HIEBERT	RACHEL	83,684
IBRAHIM	JANELLE	51,570
ILLERBRUN	PATRICIA	74,908
ILLERBRUN	GLORIA	169,047
IRVING	JODIE	60,804
ITTERMAN	LIANNE	61,641
JAMES	LESLIE	59,294
JARLIGO REIMER	KENNET	77,785
JHAND	SATBIR	323,476
JOHNS	FLORENCE	51,586
JOHNSON	NORMA	59,196
JOHNSTON	NICKEY	65,926
JOHNSTON	WILLIAM	120,911
JONES	LINDA	53,532

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more

JONES	TRACEY	101,322
KALINOWSKI	DAWN	68,406
KANNENBERG	TYLER	117,180
KAPUSTA	MICHAEL	211,281
KASSETT	SURESH	112,245
KEHLER	ROXANNE	94,381
KEMP MUSHANSKY	ERIN	52,129
KENNEDY	LINDA	86,260
KERN	ANNETTE	51,165
KESSY	CONNIE	76,110
KHALIFE	HUSSEIN	73,492
KHAN	SABINA	640,534
KING	ELLEN	58,724
KING	ROBERT	69,464
KIRK	MICHELLE	87,810
KLAASSEN	TODD	67,894
KLASSEN	PAMELA	167,044
KLONARAKIS	JIM	228,876
KNAKOSKE	SUSAN	85,190
KNIPPSHILD	KERRI	51,877
KNIPPSHILD	KAREN	90,333
KNOWLTON-BRODZIAK	SHELLY	94,013
KNOX	LISA	63,114
KNOX	CATHERINE	81,841
KNUDTSON	SHIRLEY	63,743
KOSMAS	TERESA	84,911
KRAUSE	MARILYN	92,920
KRUSE	KIM	70,541

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

KUNTZ	LORALEI	53,084
KUYEK	NICOLE	65,179
LAFONTAINE	ANGELA	91,750
LAIRD	MERCY	91,761
LAMB	TAYLOR	50,485
LAMONTAGNE	ESTHER	54,040
LANGAGER	LEANNE	54,669
LAVALLEE	IRENE	50,726
LEIFSON	PAMELA	95,895
LEMAY	LYNDA	87,516
LESLIE	DONNA	90,608
LEVORSON	DENISE	90,960
L'HEUREUX	JOAN	99,044
LI	TAMMY	68,650
LINDSAY	BARBARA	77,553
LJUNGGREN	BERYL	62,976
LONGMORE	DEBRA	90,722
LOUWRENS	PIERRE	371,323
LOVESTONE	SHERRI	71,923
LOWE	TEALKA	83,852
LOWE	LINDA	94,080
LOWE	RICKY	111,064
LOZINSKI	FIONA	109,132
LUBEGA	BETTY	86,343
LUBEGA	BONIFACE	458,626
LUCHENSKI	SHELLY	95,528
MACEACHERN	MAGGIE	81,771
MACNEIL	JESSICA	76,542
MACWILLIAM	CORNELIA	126,885

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

MADAMPAGE	U	109,673
MADLAND	LAURA	97,532
MAINES	LORRAINE	100,714
MAKINDE MEDICAL PROF	KABUYA	50,052
MALASKY	PATRICIA	56,921
MALLECK	NASEEM	593,265
MANGUNE	LEAH MARI	78,751
MANN	MCKENZIE	62,436
MARCUS	INES	54,655
MARTENS	MELLISA	65,217
MARTENS	TANYA	82,425
MARTIN	RHONDA	53,647
MARTIN	BRYCE	146,575
MASON	TAMMY	98,470
MASTEL	WOLANA JE	79,570
MATTHIES	SCOTT	121,068
MAURER	WANDA	53,997
MAXNER	AMANDA	94,853
MCARTHUR	KARLA	95,543
MCBLAIN	MARLENE	52,058
MCCONNELL	ANDREA	70,814
MCCONNELL	MIKE	78,129
MCCUAIG	CHESTER	57,571
MCCUAIG	LYNDA	67,771
MCCUAIG	JILL	115,568
MCLANE	SAMANTHA	59,275
MESSMER	VELMA	50,521
MEYER	ERLA	122,542
MILANINEZHAD	ALIREZA	54,540

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

MILLAR	MIKKI	112,039
MILLER	SHERRY	108,194
MINKEN	COLLEEN	61,608
MISCAMPBELL	TERRY	86,721
MISSON	JANET	95,597
MOBERG	SHERRY	73,511
MOBERG	HEATHER	93,484
MOBERG	TERRI	106,992
MOEN	ALICE	85,331
MONK	JOAN	55,192
MONK	CRYSTAL	118,919
MOORHEAD	WENDY	52,286
MORCK	EUNICE	50,019
MOREY	CINDY	50,807
MOZOL	AMANDA	82,480
MUDINGAY	KABUYA	347,311
MUDRY LAUTSCH	MARILYN	96,679
MULLA	AMITH	131,356
MUNRO	JESSICA	76,078
MUNROE	ROBIN	103,831
MURCH	FRANCES	110,801
MURDOCH	JENIFER	78,721
MURPHY	BARRY	75,480
MUZYKA	ANGELA	106,873
NAGEL	CHERYL	55,338
NAIDOO	NEELANDRAN	347,311
NAPPER	SHANNON	94,932
NELSON	LISA	77,005
NEUDORF	NANCY	53,005

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

NEUSTAETER	WESLEY	55,147
NEVARD	M FERN	92,844
NEWTON	MICHELLE	74,958
NEWTON	CURTIS	85,761
NICKEL	ASHLEY	50,275
NOLASCO	JOSEPH	51,652
NONGAUZA	GRACE	95,148
NONGAUZA	JARRETT	561,703
NYSTROM	ANGELINE	50,913
O'FARRELL	RHONDA	74,764
OJO	ALABA	821,130
OKERMAN	JUSTIN	56,634
OLFERT	GLORIA	50,313
OLFERT	VICTORIA	64,106
OLFERT	CAMILLA	75,149
OLFERT	MICHELLE	84,522
OLFERT	CARLEY	96,943
OLMSTED	PATRICIA	58,025
OLSGARD	KATHRYN	50,953
OLSON	LANETTE	54,998
OLSON	KRISTA	86,966
OMAN	LORI	52,778
ORR	DAWN	58,217
ORTEGA	TOMMI LYN	78,408
OSADCZUK	AMANDA	85,680
OSTRANDER	PHYLLIS	63,060
PALANGI	MONGA-N'DIMO	341,262
PALMIER	DEANNA	127,953
PANKEVICH	ZHANA	81,973

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

PARDILLO	JOVELYN	51,413
PARKER	AARON	71,975
PATEL	ALOK	61,299
PATEY	PAIGE	50,268
PAUL	GWEN	55,019
PAUL	LEONA	75,367
PAULSON	LORNA	112,379
PAVELY	TAMI	73,874
PEDERSON	VERNA	92,073
PENNER	MARY JEAN	53,415
PENNER	ROCKY	53,776
PENNER	CAROLYN	56,985
PERRAULT	LIANN	64,989
PERRIN	DALE	74,224
PERRIN	CYNTHIA	106,367
PERRIN	GRANT	113,230
PETERS	EUNICE	90,615
PETERS	ELEANOR	103,949
PETINRIN	ADEWALE	132,801
PFEIL	JOANNE	66,649
PHILIP	CYNTHIA	90,885
PHILLIPS	GEORGINA	64,519
PILKEY	LAURIE	95,767
PINKNEY	CHRISTINE	67,742
PLATT	DONNA MAR	96,450
PLEWIS	LORRIE	67,641
POINTER	JILLIAN	53,967
POMMIER	KAREN	54,240
POMPU	THERESA	72,252

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

PORRAS	HERMILA	80,556
POTTER	KELSEY	64,324
POWDER	LORENA	92,980
POWELL	FAY	51,694
POWER	TANYA	87,201
PRITCHARD	BRANDY	67,722
PROTEAU	MONIQUE	69,412
PURVES	TAMMY	106,848
RACKOW	BARON	84,135
RACKOW	ELIZABETH	124,476
RADEVSKI	IVO	454,083
RAHMANI	ROOZBEH	236,723
RANDELL	KATELYN	89,483
RANKIN	ELIZABETH	89,179
RAYMOND	SIGNE	110,109
REDEKOP	CHELSEA	74,050
REGIER	TRENTON	164,569
REID	LYNN	75,821
REIMER	LISA	53,782
REIMER	MELISSA	66,722
REIMER	BRIAN	76,073
REINBOLT	BARBY	109,143
REINHART	KRISTIN	64,563
REMPEL	MAUREEN	91,213
REMPEL	MARGARETE	102,662
RENWICK	MARY	90,881
RESCH	JODIE	88,892
RESLER	ASHLEY	70,058
RICE	JOANNE	91,618

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

RICHARDSON	CHRISTINA	80,106
ROBERT	LEON	58,887
ROBERTS	ERIN	51,390
ROCHE	RACQUEL	110,034
ROUSE	DONNA	73,493
ROUSSEAUX	KELLY	51,170
ROWLEY	LYNETTE	52,373
RUDD	KENNETH	125,866
RUSCHKOWSKI	JOY	77,962
RUTEN	ANNETTE	73,467
SAGADAHL	ANITA	142,323
SAMOLESKI	SHAYLA	57,104
SANDERSON	MANDIE	80,120
SANKEY	EVELYN	50,602
SAUDER	KIMBERLY	55,860
SAVOY	EFFIE	186,855
SAWATZKY	MATTHEW	54,172
SAWATZKY	KRISTA	76,867
SAYMO	JAPHETH	89,095
SCHAFER	DELVINA	55,864
SCHEIER	CORINNE	53,858
SCHELLENBERG	VIVIAN	85,797
SCHERGER	KACIE	75,302
SCHERGER	KATHY	93,713
SCHICK MYHR	NATJA	55,426
SCHINDEL	BEVERLEY	61,087
SCHMALTZ	STEPHEN	58,724
SCHMIDT	ROWLAND	107,321
SCHNEIDER	DEBRA	53,107

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

SCHNEIDER	JOSHUA	74,849
SCHNEIDER	LINDSEY	75,890
SCHNEIDER	SHELLEY	96,558
SCHULTZ	BRITTANY	55,773
SCHULTZ	ABBY	96,204
SCHULTZ	CARRIANNE	110,171
SCHWAN	JEFFREY	125,356
SCHWAN	BRENDA	228,868
SCOTT	WILLIAM	52,889
SCOTT	LALIA	72,383
SCOTT	CAROL	86,961
SEABORG	DEBBIE	77,438
SEBO	DELORES	64,131
SEKERAK	DEBRA	89,676
SERWADDA	ROSEMARY	187,397
SHAH	HIRAN	54,999
SHAW	BONNIE	88,178
SHOTTER	MICHAEL	125,657
SHUFLETOSKI	CEANNA	86,890
SIASATI	SANAZ	52,060
SIGURDSON	ESTHER	107,933
SILBERNAGEL	KORI	69,059
SILZER	SHERRI	54,882
SIMPSON	ERIN	76,104
SINGH	LORETTA	89,527
SLETTEN	DEANNA	86,693
SLUSAR	NELSON	58,760
SMART	MAXINE	95,787
SMITH	GERALD	55,929

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

SMITH	TIANNA	73,174
SMUK	CONNIE	92,199
SMUK	GREGORY	93,629
SONEN	CYNTHIA	69,264
SPADY	JANAINA	51,885
SPEIR	JENNIFER	86,535
SPEIR POTTER	JILL	60,338
STEANE	KRISTA	75,765
STEARNS	LINDA	61,604
STEENKAMP	JAKOBUS	174,259
STEIER	ANGELIQUE	87,568
STEVENSON	JILL	102,114
STEVENSON	DANIEL	114,670
STEWART	LEONA	53,797
STEWART	RAELENE	80,296
STOCK	TRACY	51,624
STOLSON	SUSAN	93,896
STRICKER	ROSALYN	76,964
STRINGER	SUZANNE	129,403
STUART	TARRA	106,797
SWICA	LESZACK	465,753
SWITZER	SELENE	50,014
SZAROZ	RYAN	54,036
TALAGA	D LORES	94,686
TARDIF	MARY	85,265
THERRIEN	JUSTIN	53,433
THERRIEN	JOANNE	64,984
THERRIEN	JANICE	95,557
THORBURN	VANESSA	54,971

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

TONEY	CATHY	54,778
TORR MEDICAL P.C. INC.	DAVID	217,489
TOURIGNY	KRISTA	100,378
TRAPP	TRACEY	52,821
TRAUTWEIN	JOYCE	82,491
TREEN	JACQUALINE	90,444
TUCHSCHERER	STEPHANIE	78,973
TURNER	ASH	71,000
TURNER	KELLI	93,320
TURTON	KAREN	75,722
UDAL	SUZANNE	52,911
UNGER	MALLORY	50,784
UY	NARATH	95,904
VACHON	ELISABETH	307,945
VALLEE	SUSAN	103,659
VAN BREDA	ALTA	184,825
VAN DER BERG	NICOLAAS	161,291
VANCE	NICOLE	88,342
VANDERSTEEN	ALINE	51,182
VANSTONE	JACQUELINE	115,436
VENKATA	PRASAD NARASIMHA	468,535
VILLALOBOS	IMELDA	55,569
WAGNER	DONNA	50,055
WAGNER	CLAYTON	56,754
WAGNER	WENDY	58,031
WAGNER	BRITTANY	101,073
WALL	TAYLOR	59,610
WALL	JOAN	72,484
WALLIN	RACHEL	56,876

Personal Services

Listed are individuals who received salaries, wages & other *(Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

WARD	TREVOR	78,554
WASKO	KEVIN	256,579
WATSON	PATRICIA	78,292
WATSON	JERRI BET	90,005
WATTS	MOLLY	84,196
WATTS	LEANNE	88,142
WEBBER	RHONDA	51,902
WEBER	KEN	80,657
WEBER	RHODA	86,955
WEEDON	JILLIAN	86,492
WEISS	SHELBY	94,066
WELLS	CAROL ANN	52,305
WELLS	LAUREN	72,196
WELLS	CASSANDRA	75,899
WELLS	CAROL	125,895
WELLSCH	JULIE	83,520
WELSH	LAURA	97,968
WENZEL	COLETTE	94,310
WEPPLER	STACEY	71,247
WEPPLER	BRENDA	103,081
WHARTON	TERRY	268,150
WICKSON	JACOB	96,586
WIEBE	ESTHER	50,233
WIEBE	TRACY	52,804
WIEBE	RODNEY	53,557
WIEBE	RACHEL	80,239
WIEBE	TIA	80,577
WIEBE	SHARI	91,422
WIEBE	MARION	97,279

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

WIENS	KAREN	108,091
WIG	LAURIE	52,401
WILDIN	ASHLEY	67,564
WILKINS	TIFFANY	68,936
WILLMAN JOHNSTON	RHONDA	93,970
WILLS	SHIRLEY	60,891
WILSON	SHELLEY	58,201
WILSON	BRITTANY	72,477
WILSON	LORELEI	75,375
WILSON	PATRICIA	78,095
WILSON	WENDY	121,580
WINQUIST BANG	BRANDACE	106,686
WINSOR	WILLIAM	55,564
WITTAL	NANCY	100,172
WITTMIER	CASSI	53,328
WOELK	VALERIE	102,994
WONG	AUDRA	77,558
WOODS	SHANDRA	51,827
WOODS	LAVONNE	94,268
WOODS	MARYANN	96,362
WOODWARD	MICHELLE	97,610
WOTHERSPOON	KRISTEN	67,877
WOTHERSPOON	DONNA	96,013
YATES	KELLIE AN	60,061
YATES	MORGAN	74,106
YOUNG	SHERRY	98,425
YOUST	RAELENE	86,831
ZACHARIAS	BRANDI	64,302
ZACHARIAS	CAROLYNN	69,026

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 79 for details on what is included in the amounts below)* which total $50,000 or more.

ZACHARIAS HEUER	VERNA	54,716
ZANIDEAN	VANESSA	92,944
ZELLER-BEDARD	WANDA	67,128
ZILLMAN	KALA	82,588

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 79 for details on what is included in the amounts below).

3S HEALTH	445,330
A.M. DELIVERY & COURIER SERVICE	54,245
ALCON CANADA INC.	326,243
AODBT	658,744
ARI FINANCIAL SERVICES T46163	138,611
ARJOHUNTLEIGH	421,630
ARXIUM	90,640
BARD CANADA INC.	106,034
BAXTER CORPORATION	104,051
BECKMAN COULTER	119,148
BIOMED RECOVERY & DISPOSAL LTD	100,404
BIO-RAD LABORATORIES	66,611
BUNZL CANADA	61,574
CANADIAN WATER TECHNOLOGIES	64,493
CARDINAL HEALTH CANADA	688,454
CENTRAL SUPPLY LTD	59,304
CHARIS MEDICAL	360,514
CHERRY INSURANCE INC.	201,698
CHIEF MEDICAL SUPPLIES LTD	52,811
CHINOOK REFRIGERATION	214,238
CITY OF SWIFT CURRENT	401,420
COUNTRY CLUB DISTRIBUTORS	316,324
COVIDIEN SURGICAL	377,310
CPDN/LYNDEN LOGISTICS	380,872
CUMMINS WESTERN CANADA	97,222
DAKOTA RECLAMATORS LTD	905,808
DARCOR ENTERPRISES LTD	111,349
DELL CANADA INC.	132,479
DENSON FOOD EQUIPMENT	106,763
DR NOBLE IRWIN FOUNDATION	58,961
DYNALIFE DX	681,319
ECOLAB LTD	105,804
EHEALTH SASKATCHEWAN	173,563
ENTERPRISE RENT-A-CAR	50,730
FLAME TECH SERVICES INC.	71,221
G.E. HEALTHCARE	1,076,290
G.E. HEALTHCARE CANADA INC MDX	159,560
GEANEL RESTAURANT SUPPLIES	211,620
GRAHAM CONSTRUCTION & ENGINEERING	1,438,872
GRAND & TOY LTD.	151,730
GREAT PLAINS COLLEGE	63,548
GREAT WEST LIFE - GL	511,702

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 79 for details on what is included in the amounts below).

HBI OFFICE PLUS INC.	120,966
HEALTHCARE INSURANCE RECIPROCAL OF CANADA	107,052
HILL-ROM CANADA LTD.	379,756
HOSPIRA HEALTHCARE CORP	398,927
HSAS	109,285
INLAND AUDIO VISUAL	139,227
INNOVATION CREDIT UNION	55,891
INSIGHT CANADA	69,248
INSTRUMENTATION LABORATORY	95,139
KARL STORZ ENDOSCOPY CANADA	50,292
K-BRO LINEN SYSTEMS INC	77,055
KCI MEDICAL	53,585
LOGIBEC INC	82,778
LONDON LIFE INSURANCE COMPANY	57,285
MARSH CANADA LTD	168,665
MASTERCARD	258,510
MCKESSON CANADA - PRIMARY	513,979
MCKESSON DISTRIBUTION PARTNERS	140,284
MEDI-TECH 1287189 ALBERTA LTD.	60,211
MINISTER OF FINANCE	104,590
MINISTRY OF CENTRAL SERVICES	655,560
NICHOLSON MECHANICAL LTD.	75,108
OFFICE OUTFITTERS	51,700
OLYMPUS CANADA INC.	744,485
OPTIMUM ROOFING	426,964
ORTHO-CLINCAL DIAGNOSTICS	298,567
PHILIPS HEALTHCARE	159,391
PHYSIO CONTROL	57,461
PIONEER CO-OP	107,171
PROVINCIAL PUBLIC SAFETY	74,469
PUBLIC EMPLOYEE PENSION PLAN	172,477
PYRAMID PROPERTY MANAGEMENT	77,025
RADIOLOGY ASSOCIATES OF REGINA	103,098
RECEIVER GENERAL	22,848,586
REGINA QU'APPELLE HEALTH REGION	639,989
REGINA QU'APPELLE-EMS	85,680
RMIS (ROOF MANAGEMENT & INSPECTION SERVICES LTD)	86,614
ROCHE DIAGNOSTICS	54,665
SAHO - DENTAL	614,956
SAHO - DIP	1,424,448
SAHO - ENHANCED HEALTH PLAN	1,963,668
SAPUTO	162,418

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page *79* for details on what is included in the amounts below).

SASK ENERGY	539,537
SASK POWER	929,310
SASKTEL CMR	824,085
SCHAAN HEALTHCARE PRODUCTS	1,039,672
SEARS CANADA INC.	253,008
SEIU	695,659
SELECT MEDICAL CONNECTIONS LTD.	341,991
SHEPP	11,265,302
SIEMENS HEALTHCARE LIMITED	115,967
SRNA	130,431
STANTEC ARCHITECTURE LTD.	170,859
STERIS CANADA LTD.	172,298
STEVENS COMPANY LTD.	196,763
STRYKER CANADA INC.	116,299
SUN	335,568
SWIFT PLUMBING & HEATING	98,116
SYSCO FOOD SERVICES-WEST INC	1,547,171
TOWN OF LEADER	53,937
TREEN PACKERS LTD	77,412
TRIWAYS WASTE DISPOSAL LTD.	71,155
VITALAIRE // GASES	68,974
WALKER PLACE	61,076
WALLACE CONSTRUCTION	77,901
WOOD WYANT CANADA INC	183,629
XEROX CANADA LTD	56,810
ZW PROJECT MANAGEMENT INC.	68,628

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page *79* for details on what is included in the amounts below).

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2016

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more (Refer to Page 79 for details on what is included in the amounts below).

CANADIAN MENTAL HEALTH	$ 147,164
FOYER ST. JOSEPH NURSING HOME	1,873,011
FRONTIER AMBULANCE	217,005
GULL LAKE AMBULANCE	251,406
MCKERRACHER SERVICES	131,685
PONTEIX AMBULANCE	273,374
SWIFT CURRENT and DISTRICT AMBULANCE SERVICES LTD	1,170,030
VAL MARIE AMBULANCE	151,515

APPENDIX C:

SASKATCHEWAN MINISTRY OF HEALTH

LEAN – CONTINUOUS IMPROVEMENT

Lean is a patient-first approach that puts the needs and values of patients and families at the forefront and uses proven methods to continuously improve the health system. It is unique in that it engages and empowers employees to generate and implement innovative solutions, and to fundamentally improve the patient experience on an ongoing basis.

Government of Saskatchewan

Saskatchewan is the first province in Canada to apply Lean across the entire health care system, putting patients and families first by focusing on better health, better care, better value, and better teams.

For more information on Lean in Saskatchewan health care please visit:

http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/lean

For complete information on Lean in the Cypress Health Region please visit:

www.cypresshealth.ca/lean

SASKATCHEWAN COVERED POPULATION REPORT

The *Saskatchewan Covered Population Report* is published annually by eHealth Saskatchewan and is a count of all persons who held Saskatchewan health coverage on June 30th of that specific year. The Covered Population is not a census since it only counts persons who are registered for provincial health coverage and not every person who may have been a resident in Saskatchewan on June 30th. The report is publicly accessible at http://population.health.gov.sk.ca/.

STRATEGIC PRIORITIES

The provincial government's *Ministry of Health Plan for 2015-16* outlines Saskatchewan's plan for the health system. The report includes outcomes, improvement targets, and actions for the upcoming 2015/16 fiscal year, as well as various data offerings such as 'number of patients waiting longer than three months for surgery'. The report is available for public access and can be found at http://www.finance.gov.sk.ca/Plansfor2015-16.

PRIMARY HEALTH CARE

Primary Health Care (PHC) is the everyday care we need to protect, maintain or restore our health. For most people, it's the first point of contact with the health care system and the most frequently used health service. PHC accounts for up to 80% of encounters with the health system. For more information on Primary Health Care in Saskatchewan please visit https://www.saskatchewan.ca/residents/health/accessing-health-care-services/primary-health-care.

CYPRESS HEALTH REGION

THE SOURCE

The Cypress Health Region publishes a quarterly publication, *The Source,* to households and residents throughout southwest Saskatchewan. This publication is filled with health information, programs, and events offered throughout the Cypress Health Region.

Electronic versions of *The Source* can be found at:
https://cypresshealth.ca/publications-media/the-source-newsletter/

POPULATION HEALTH REPORT, 2011

In 2011 the Cypress Health Region released its *Population Health Report*. The report brings the region more up to date with where the health of its population lies, and what health priorities need to be focused on. This health status report highlights some of the major health issues in the region, mostly over the period between 2005 and 2009 as this is the data that was currently available.

An electronic version of the complete *Population Health Report, 2011* is available at:
https://cypresshealth.ca/publications-media/service-reports/

MATERNAL, INFANT, CHILD HEALTH REPORT, 2014

The fi[illegible] years of a child's life are vital to lifelong health. A child's early experiences and exposures will largely prec[illegible]health and success. The *Maternal, Infant, Child Health Report, 2014* was developed by Cypress Health in 2[illegible]vides an important evidence base that will help the Region's leadership and management teams to bett[illegible]nd areas of strength and areas where further support is of benefit.

An electronic version of the complete *Maternal, Infant, Child Health Report, 2014* is available at:
https://cypresshealth.ca/publications-media/service-reports/

COMMUNITY PLANNING REPORTS

Community Planning Reports have been developed for the communities of Ponteix and Cabri through the Community Planning Process through Primary Health Care. The reports include health needs of each area, prioritized health needs, and community engagement measures on how to address the identified priorities.

Electronic versions of the completed Community Planning Reports for each community are available at:
https://cypresshealth.ca/publications-media/service-reports/

LONG TERM CARE PATIENT EXPERIENCE REPORT

The *Cypress Health Region Long Term Care Patient Experience Report, 2014* describes how we are doing, from the observations of the family of Long Term Care (LTC) residents, on various aspects of care. Results are presented for all of the LTC facilities in the Cypress Health Region according to chapters representing the themes in the survey.

An electronic version of the complete *Long Term Care Patient Experience Report, 2014* is available at:
https://cypresshealth.ca/publications-media/service-reports/

CYPRESS REGIONAL HOSPITAL PATIENT SERVICES DIRECTORY

The Cypress Health Region has developed a *Patient Services Directory* for its Regional Hospital. The directory highlights the programs and services that are available in the facility and are offered to each inpatient upon registration. Additionally, display racks are strategically placed throughout the facility for public consumption.

An electronic version of the complete *Patient Services Directory* is available at:
https://cypresshealth.ca/health-facilities/swift-current/cypress-regional-hospital/

BUILDING EXCELLENCE IN RURAL HEALTH

Building Excellence in Rural Health
CYPRESS HEALTH REGION CAPITAL PROJECTS

The Cypress Health Region created a section of its website dedicated to capital projects. This section, known as *Building Excellence in Rural Health*, can be viewed at the following web url:
https://cypresshealth.ca/health-facilities/buildingcapital-projects/

The Building Excellence in Rural Health area of the website includes up-to-date details on the Region's capital projects in Leader, Maple Creek, and Swift Current.

FACILITY ASBESTOS REGISTRY

The Cypress Regional Health Authority has taken action to ensure that asbestos containing material is contained and is not a risk to the workers and public. Assessments have been completed on all patient care facilities and complete details are available on the Cypress Health Region's website at the following link: https://cypresshealth.ca/facility-asbestos-reports/

SASKATCHEWAN HEALTH QUALITY COUNCIL

HOSHIN KANRI

Hoshin Kanri is an approach to planning that involves identifying a common vision, selling short- and long-term goals, tracking progress towards these goals, and changing course as required. Saskatchewan is using Hoshin Kanri to plan and deliver health care in a more coordinated way. HQC is playing a key role in the Hoshin Kanri process in Saskatchewan.

To read more about the involvement of HQC in Hoshin Kanri please visit http://hqc.sk.ca/improve-health-care-quality/hoshin-kanri/. For complete details on Hoshin Kanri in the Cypress Health Region please visit www.cypresshealth.ca/hoshinkanri.

QUALITY INSIGHT

QUALITY INSIGHT
Measuring. Learning. Improving.

Quality Insight is a source of information on the quality of health care in Saskatchewan. While it is primarily designed for health care providers, managers, and leaders to support their work in making our system better and safer for Saskatchewan residents, it also provides the public with access to information about how our health system is performing.

The Cypress Health Region has been a provincial leader in making its data available to the general public through *Quality Insight*.

http://www.qualityinsight.ca

BETTER

Better

Better shares the story of how Lean is making health care better and safer in Saskatchewan. It is a blog-based website that includes Lean news, Qreview, Media Buzz, and multimedia.

http://blog.hqc.sk.ca

CYPRESS HEALTH REGIONAL OFFICE

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CYPRESS HEALTH REGION